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Notes and Items.

THE BOSTON PSALM OF LIFE.

I.

Eschew tergiversation
And avoid concatenation
Of antrabilious, inchoate, interminate discoids,
Balbucinating corbels,
Like tinkling, tinnient door-bells,
Imply crustacean, nyctalopic valences and voids.

II.

Trichorism, traumatic,
Spasmodic, acrobatic,
Never sibilates resilient when occult megrims come.
Thaumaturgical negation
And amorphous oblectation
Only unto supramundane sinuosities succumb.

III.

Cymophanous depilation
Deletory cogitation
Together lancinate thrill like sonants cleaving surds.
So abstain from imperception,
Coarctation, and deception,
And, no matter what you have to say, don't use big words.

—*Somerville Journal.*

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ABNORMAL REACTIONS AND ANOMALIES IN THE USE OF PROF. KOCH'S METHOD FOR TUBERCULOSIS.

BY KARL VON RUCK, B.S., M.D.,
ASHEVILLE, N. C.,

Director Sanitarium for Diseases of the Lungs and Throat; Member American Climatological Association, American Public Health Association, Am. Med. Assn., etc., etc.

THERE are now in my private institution fourteen cases under treatment by the above method, and, in the four weeks past, during which we have applied the same, various observations have been made upon the effect of the lymph, which may be called abnormal, or at least exceptional.

Inasmuch as many who now use the lymph have not been prepared for these exceptional manifestations by personal study and observations in Berlin, and inasmuch as their appreciation alone can make one realize how exceedingly careful we must be in the management of such cases, I desire to put them before those using, or who contemplate to use, the method.

CASE I.—Pulmonary and laryngeal tuberculosis; reacted with so much swelling in the previously not especially narrowed glottis, that respiration became difficult for several hours, beginning within two hours after the initial injection of 0.0003.

This was followed by slight stupor and sleep for four hours. During this time only a very slight elevation of temperature was noted, of half an hour's duration, amounting to $\frac{1}{10}$° F. A similar, but slighter, reaction occurred upon repetition of the same dose. Since then, and having now reached doses of 0.005, the general reactions of fever and malaise and nausea are becoming more prominent; the larynx, although showing distinct local reaction, does not swell, as at the first time; on the contrary, the infiltration is materially diminished, and the patient's general condition is improved.

CASE II.—Lupus vulgaris; did not react until we gave 0.01, and then only moderately. A repetition of the same dose three days later was followed by an intense reaction, including painful swelling of enlarged cervical glands, and previously unsuspected pulmonary symptoms in the right apex manifested themselves by pain and consolidation; sputum full of tubercle bacilli—all but very few much distorted and broken up.

Subsequently, this patient reacted to much smaller doses more distinctly than he did to the first dose of 0.01. The case is progressing very satisfactorily, and there is evidence of rapid repair.

CASE III.—Pulmonary tuberculosis; has never had a decided reaction in the sense of having fever or other subjective symptoms, although 0.006 has been reached, and the microscopical diagnosis is beyond doubt.

Locally, there is diminution of the consolidated area, and a distinct change from the previously bronchial to broncho-vesicular respiration. The moist sounds at first increased, but are now audible only over a limited portion of one apex upon coughing. The highest rise in temperature in this case, referable to the treatment, is less than 1°. Cough is a little more troublesome for a day after each injection. The sputum is markedly changed from muco-purulent to a gelatinous character, and the bacilli are decidedly broken up and less in number.

CASE VII.—Early stage of pulmonary tuberculosis, diagnosed from infiltration of one apex; failure of general health; slight cough; no sputum.

Trial injections up to two milligrammes showed no reaction whatever, and not until thirty hours after this dose. Now occurred a typical reaction, consisting of chill, rise of temperature 3½°, nausea, abdominal pain, general malaise, sensation of numbness and formication, and headache, and lasting for twenty-four hours, when a normal condition was again reached.

Next injection, of 0.0015, caused now reaction, after having previously failed; this time in eighteen hours; and, to a repetition of the same dose again, a slighter reaction occurred in a still shorter time.

CASE IV.—Pulmonary and laryngeal tuberculosis; no marked reaction up to 0.0025, when, after an increase of one-half milligramme, the patient reacted severely, reaching a temperature of 104° F.; severe malaise, pain in lower portion of affected lung, and there was physical evidence of friction sounds and increased area of consolidation; moist sounds throughout this lung markedly increased, as also did cough and expectoration; in the latter the bacilli increased more than tenfold.

This reaction lasted four days, almost unabated. On the sixth day normal conditions were reached; the consolidation had disappeared, as also all moist sounds. Now a distinct reaction followed a dose of 0. 002, which had previously failed. The lung is now reacting with sensation of pain in other localities, but the previous increase in consolidation has not recurred. Generally, the patient is improved; the larynx reacts typically each time, but without causing any undue swelling.

CASE IX.—Pulmonary and laryngeal tuberculosis; has had no general reaction up to 0.005, the highest dose reached to the present time.

A marked increase in expectoration and in the number of tubercle bacilli occurs the day following inoculation, during which moist râles are increased; now they are less marked and absent in the interval, even on forced respiration. Were it not for the laryngoscope, however, we could not be positive of any reaction at all; but the larynx showed typical changes after each injection, even after the first of 0.0005 the changes were unmistakable. In the meanwhile the swelling in the larynx is already much reduced, and previously painful deglutition, which interfered with his taking sufficient nourishment, has been absent for a week past, during which there is evident gain in flesh.

All my other cases have followed a typical course; that is, the reaction was both local and general—the latter indeed varying, but all showing slight increased temperature, etc.

Recurring now to Case I, I congratulate myself upon the caution of beginning with only fractions of a milligramme. I am sure, had I produced more swelling by a larger dose, the symptoms would have proved quite alarming, with the possibility of a tracheotomy, and that in my first case treated!

Case II shows that a subsequent dose of the same size may be more active, and produce severer symptoms than the first; indeed, subsequent smaller doses may cause severe reaction. I have another case of lupus vulgaris, which reacted promptly to 0.001, and the initial doses of 0.01 I think are dangerous even in lupus patients. The latter case has only reached 0.003, and the reactions are quite as severe as I care to see them.

Case VII is instructive both as to confirming the diagnosis, but particularly on account of the reaction to 0.002 being delayed for thirty hours, in which respect this occurrence is unique, no such delay being thus far recorded; and again, inasmuch as this patient subsequently reacted quite well to doses previously inoperative.

Had I listened to the request of the patient, and repeated and increased the injection after twenty-four hours, when it could have been supposed that no reaction to the previous dose would follow, I have no doubt I should have had occasion to regret the haste very much indeed.

Case IV illustrates how careful we should be in increasing the dosage; in this instance a most severe reaction occurring from an increase of half of a milligramme.

Cases III and IX show local reactions without rise in temperature, or the occurrence of subjective symptoms, and certainly teach the necessity of careful local examinations of the lungs, and especially of the larynx, before concluding that no reaction has occurred; and these examinations must be made at the proper time.

All these cases go to show the great care, constant professional supervision, and watchfulness necessary when using so powerful a remedy, about which, although now knowing its source and composition, we know as little as we did before, and have so much yet to learn in its clinical application.

My experience teaches me how easy it would be to overlook a slight reaction, especially when no general symptoms accompany it; and how often this might be the case with patients treated at their home, where we would be largely dependent upon the observations of the patient himself and his non-professional attendants. In our very frequent visits we would have to carry with us our laryngoscopes as regularly as our fever thermometers and make almost daily examinations of the chest, and even then the symptoms of a local reaction may have disappeared, unless our visits are extremely frequent.

Doubt and uncertainty must then prevail, and lead us to a practice so timid that it would be probably useless, or, what is just as likely, we would doubt the remedy itself and its specific effect.

The constant and reliable source from where we obtain the lymph must appear equally essential, for doubt in its strength and efficacy must at once enter our mind the moment we see, apparently, no effect or different ones than we expected.

I look, on that account, and for other and better reasons, with fear and apprehension upon the future, when, since Prof. Koch has published the source and mode of preparation of the fluid, all sorts of products will probably be offered to the profession, claiming to be after Koch's formula, and which will be eagerly used, especially by such who cannot obtain as yet a supply from Dr. Koch's laboratory. But even with the lymph from Koch's hands many disappointments are likely to be in store for us, especially in its application to advanced stages of the disease, and it is a delicate question for us to settle individually, as to where to consent to, or withhold, its use.

We certainly do not want to be instrumental to a more rapid termination of life, no matter how hopeless a case may be of final recovery, and there will for a long time, if not always, come cases to our notice, in a stage in which we cannot but feel that a trial may be justifiable, and the result proof unavailing, possibly injurious.

I have thought best at the present time to accept no case where the physical condition of the patient

made me apprehensive of rapid exhaustion from the reaction, and think that to be a safe course to follow in the future.

In the meanwhile I have seen only more or less marked improvement in every case under treatment, and have not a single patient under the method that I could regret in the least having subjected to the treatment. Indeed, two cases have already improved so much that I am in hopes of being able to be among the first to accomplish an apparent cure in this country with Koch's method.

January 20, 1890.

Since this paper was written, the author has continued the use of the lymph in an increasing number of cases, to the avoidance of all general reactions; having learned that, by timely and frequent examinations of the chest, larynx and sputum, local reactions can be demonstrated, and that increased cough, sensations of oppression, soreness, or pain, etc., frequently noted by the patient, denote the effects of the lymph; no general symptoms such as chill, fever and malaise occurring.

Doses are increased only when for two successive applications no local reaction is believed to have occurred, and up to 10 milligrammes, the increase never exceeds 0.001, frequently only 0.0005, when again symptoms of local reaction appeared. Beyond 10 milligrammes the increase is as a rule more rapid.

I have learned the fact and am convinced of it that every general reaction denotes an over-dose, and reflects the poisonous effect of the remedy, and that such febrile reactions are not only not necessary, but positively injurious; that cases, with present processes of softening and breaking down, are unsuitable for the lymph, until these conditions are overcome or limited by other means; but that eventually, even in such advanced cases, the lymph can be used with benefit; that the chills, fever, malaise and general as well as local symptoms in cases of softening and breaking down of cheesy deposits, are similar to conditions induced by large dosage with lymph, and that these symptoms in the ordinary course of the disease owe their presence to the generation of an identical substance which Koch has produced by cultivation. That Koch's remedy enables us to cause the softening, expulsion and absorption of tubercular infiltrations (cheese foci) at will, and in a degree and rapidity according to the size and frequency of the dose; and that such rapid and en masse production is equally dangerous, as is its occurrance, when coming about to such an extent in the ordinary course of the disease.

The febrile and general symptoms in tuberculosis are exactly the same, and have the same source as the reactions produced by lymph, which, dangerous already, can only become more so, by adding fuel to the already existing fire, by the use of lymph at such a period.

The greater susceptibility of tuberculous patients to lymph is in proportion to the amount, *not* of tubercular tissue present, but to the amount of a similar substance absorbed into the blood and present at the time of the injection, which explains some of the anomalies of reactions heretofore observed, it further depends to the degree the system has become accustomed to the poison, and which again offers an explanation why old and chronic cases sometimes show no reaction at all, even to large doses.

A uniform and better improvement continues in my cases, under my present mode of administration.

NOTES ON APOSTOLI'S METHOD OF THE TREATMENT OF UTERINE FIBROIDS.[1]

By PLYM. S. HAYES, A.M., M.D.,
Professor of Electro-therapeutics, Chicago Polyclinic.

THE world-wide reputation of this treatment for uterine fibroids, the criticisms laudatory and condemnatory, the vast number of articles which have, from time to time, appeared in our medical journals, to say nothing of the monographs on the subject, indicate that there is a general interest in this conservative method of treating many of the disorders of the pelvic viscera of woman.

No one can use a method of the character of Apostoli's for any length of time without varying the technique of the operation, and giving it the imprint of his own individuality. It is true, however, that the cardinal points—the all-essentials—in the operation, should be observed in every instance. He who has best mastered the essentials will be the one who will vary his methods to suit the individual case.

Gradually, they who employ the Apostoli operation have eliminated from the theory explanatory of the ultimate results those propositions which cannot be proven. Whenever a simple explanation accounts for the phenomena observed, it is always better to use the simple and demonstrable explanation rather than one that is obscured by propositions that cannot be proven, or, if capable of proof, only so after a long course of experimentation.

One of the best demonstrated facts in the Apostoli operation is the arrest of all uterine hemorrhages excepting those cases that are due to the puerperal condition. All observers unite in recognizing that the positive pole is the one to be connected with the intra-uterine electrode. To the thinking physician the query is, "Why the positive?" And the answer comes that in electrolysis especially, when the electrolyte—the fluid undergoing electrolysis—is blood, the clot formed around the positive pole is small and dense. Knowing, as we do, that oxygen, chlorine, and the acids are liberated at the positive when electrolysis is performed on the tissues of the body, and also knowing that hydrogen and the alkalies are liberated around the negative pole, we have only to apply our knowledge of the action of the acids and alkalies respectively on the blood to explain the observed phenomena. I do not wish to be understood that the explanation of the facts on the chemical ground is the only one, but that it is the most important one. It is true that the cataphoric action of the current, as well as the physiological actions, probably are factors in this case, but only minor ones.

Casting aside all theories, however, it is at times well enough to make a demonstration of the fact appreciable to the senses. Such object-lessons many times fix the facts in the mind as no other method of acquiring knowledge will do. If, in place of using the intra-uterine electrode, a vaginal electrode, insulated where it would come in contact with the osteum vaginæ, and the metallic part covered with several layers of absorbent cotton wetted, is introduced into the vagina, and a current of from 50 to 200 milliamperes be employed, the physician can readily discover the difference between the poles that may have been attached to the electrode on a digital examination. In case the vaginal electrode is the positive, the vaginal walls will feel as though an astringent had been applied. If the negative had been the pole

[1] Read before the Tri-State Medical Association, October 16, 1890.

used, the walls would have a moist, slimy feeling, just as though an enema of strong soapsuds had been administered. In the first instance we have had the coagulating action of the acids upon the albumens of the secretion and tissues, and, in the second place, the action of the alkalies liberated by the electrolytic action. The condition, which at times militates against a complete demonstration of these facts, is when the vaginal electrode is the positive pole, and the patient has a profuse leucorrhœa and is laboring under sexual excitement during the séance. It will then be found that the astringent action is not as apparent.

Pain.—Following the use of currents of high amperage within the uterus, Apostoli remarks that "Frequently the post-operative period is even more painful than the operation itself." What is the cause of this pain? The answer is, the intra-uterine electrolysis is the cause. If the vaginal and not the intra-uterine electrode had been used under the same circumstances, no pain would have followed the treatment. If it were the electricity alone that caused this, then would the pain follow the vaginal as well as the intra-uterine application.

The answer to this problem and its demonstration suggested themselves to me as I was treating a patient by this method, but using a speculum—an un-Apostoli procedure. In this case the os uteri was somewhat patulous, and I saw bubbles of gas issuing beside the intra-uterine electrode. On removing the electrode, the froth of blood, mucus, and gas poured out in considerable quantity. Knowing how much disturbance a drop of water or a bubble of air will many times occasion when introduced into the uterine cavity, it occurred to me that the liberated gas was the cause of the pain, and that the duration of the pain was measured by the time that was required to either expel the gas or allow its disappearance by absorption. The amount of post-operative pain is, according to Apostoli, "Generally in proportion to the intensity of the operation itself." I also noted the fact that in those cases in which the os uteri was patulous and allowed the free escape of gas, that the pain were usually of short duration, and comparatively insignificant.

Acting on these hints, I one day took up a uterine dilator, introduced it into the uterus, after I had used Apostoli's method, and separated the blades sufficiently to allow the escape of any gas or liquid that might have been within the uterus. I was rewarded by seeing a quantity of froth issue from the slightly dilated os uteri. My patient, who was of more than average intelligence, was notified as to what had been done, and reported that the pain after the operation was markedly less whenever I allowed the gas to escape. Since then it has been my practice to allow the gas generated by the electrolysis to pass away, and I have yet to see the case in which I have regretted having done it. The evidence that the pain is due to the gas, if not demonstrated, is strongly presumptive, to say the least of it.

The Conductivity of the Human Body.—It is of universal observation that the battery force necessary to produce a deflection of the milliampere meter, indicative of say 100 milliamperes (the patient being in circuit), would be decidedly different in the same patient on different days—all other conditions remaining the same. This has been explained, to some extent, by the condition of the patient's skin. When moist, the battery force required would be less than when dry. The condition of the skin does not wholly explain this fact, especially when the abdominal electrode so thoroughly and speedily moistens the surface of the skin. A factor that I do not ever remember of having seen mentioned in this connection, is the distension of the intestines with gas. Gas being a non conductor, acts not exactly as an insulator, but rather by putting the intestines on the stretch, and makes them a much poorer conductor of electricity than as though their walls lay in contact with each other, or with their semi-fluid contents; then again, the distance between the electrodes is much less when there is no gas than when gas is present.

This uncertainty of the amount of current obtained from a definite number of cells of a battery only emphasizes the fact that a milliampere meter is all essential to exact dosage. While it is possible to relieve and cure by means of a galvanic current without the use of a milliampere meter, nevertheless the satisfaction that one has in knowing at all times the exact strength of current used in the operation is ample to pay many times over the cost of this instrument of precision.

The Occurrence of Uterine Hemorrhage does not Contra-indicate the use of this Method.—One of my patients suffering from menorrhagia came to my office, stating that she was drenched with the discharge and came for relief, as it was much easier for her to come to my office than to go home. The excessive flow did not occur until after she had come down town. I used the intra-uterine electrode connected with the positive pole, and allowed a current of from 60 to 80 milliamperes to pass for eight minutes. She went home, a distance of three miles, and was in bed the remainder of the day. The next day she was about the house and the flow had nearly ceased. This period was by far the least severe she had had in several months, and the amount of time spent in bed was three-fourths less. The flow was diminished in like amount.

Should opportunity again offer itself to use Apostoli's method during a non-puerpural hemorrhage, I should not hesitate to use it as the best means of securing its arrest.

Conclusion.—The above random notes, not arranged with any reference to system, or without any attempt to give the outlines of an operation so well recognized and described by its originator in such clear language that "the wayfaring man though a fool need not err therein," were written to emphasize certain facts which may be of interest to those using this method, and also suggest certain changes in the technique of the operation that will moderate the sufferings of those who have to undergo this somewhat severe, though comparatively dangerless, operation. Should these notes be the means of relieving the sufferings of a single unfortunate patient, I shall consider the time consumed preparing them well spent.

75 MADISON ST.

PUDENDAL THROMBUS, WITH HISTORY OF A CASE.

BY F. GREGG THOMPSON, M.D., A.M.,

Professor of Physiology and Hygiene, Ensworth Medical College, St. Joseph, Mo; late Resident Assistant, Burnside Lying-In Hospital, Toronto, Can.

PUDENDAL thrombus arises from rupture of blood-vessels during or immediately following labor without external loss of blood.

Causes.—1. Vascular distention of pregnancy.

2. Obstruction to venous return by the presenting part.

3. Increase venous pressure caused by bearing-down efforts.

4. Operative interference.

The true seat for this trouble is the lower part of the vagina and the vulva, where the vascular supply is abundant; but extravasations also occur in the perimetric tissue, before and behind the uterus, the fascia of the perineum and adjacent cellular tissue, where much functional disturbance may arise from pressure on the bladder and rectum. These swellings may be so tense and hard as to obstruct labor, and they have sometimes ruptured, causing a fatal hemorrhage. In other cases they may not attract notice till after delivery, and become absorbed without forming any external opening. This is much to be desired, as the unbroken skin lessens the amount of blood extravasated by its tension, and limits the chance of septic infection from without. Large tumors rupture sooner or later as a rule, by inflammatory process. The swelling usually occurs rapidly, and the patient complains of a tearing acute pain in the part affected, radiating down the thighs. If the amount of effused blood be extensive, anæmia and the usual symptoms of shock from hemorrhage are present. Thrombus of the vagina or vulva probably does not occur more often than one in two thousand cases, but the prognosis has been so grave, if the swelling be at all large, that we should be exceedingly careful in its treatment.

Winckel gives a report of six deaths out of 67 cases, or 12.7 per cent., and the mortality is placed higher by other authorities. Under favorable circumstances, however, better results should be obtained.

Hemorrhage, primary and secondary, has caused death in some instances; but above all other dangers that have to be contended against, the most serious is septic infection from the nidus, afforded by sloughing tissue, decomposing clots, and burrowing abscess.

Treatment.—If the presenting part be causing it by pressure above, it should be relieved by delivery with the forceps as rapidly as possible. If delivery be delayed by the size of the tumor, it must be incised, and the bleeding is prevented by the pressure of the head coming quickly over the opening, and pressure with compress will in most cases stop the hemorrhage after delivery. Styptics should not be resorted to unless in extreme instances. Pressure may also be made with a hydrostatic dilator filled with cold water in the vagina. If the thrombus is not opened after delivery, and does not continue to increase in size, and there is reasonable hope for its absorption, it should be left alone. If, however, it is increasing in size, or if signs of suppuration, with a sloughy surface, and general signs of septic absorption are present, a fairly free opening should be made at a dependent part, better at the inner side of the labium mogus, and the clots turned out, exercising care for secondary hemorrhage. Remove any sloughing and loose bits of tissue, syringe with an antiseptic solution, and pack loosely with iodoform gauze. Change the dressing frequently, being careful to reach every ramification of the cavity with the antiseptic wash.

Mrs. F., aged thirty years, was in labor twelve hours. Head presentation, first position; head pressing on the perineum when I arrived. I noticed some swelling of the left labium, and after labor it gradually increased to the size of a large orange. I was afraid to open it on account of hemorrhage, and applied pressure; next day it was quite firm and hard, and on the second day after the patient complained of a good deal of pain, and the tumor caused distress by pressure on the urethra. The surface became dark, and there was considerable hyperæmia of the surrounding parts, so I concluded to open it, which I did under strict antiseptic precautions. There was a firm blot, irregular in shape. The cavity was gently, but thoroughly washed out by 1-2,000 bichloride, followed by plain boiled water to remove any excess of the antiseptic that might remain, and very little bleeding occurred. A loose packing of iodoform gauze, and a compress applied, and the patient kept quiet. This was done every six hours for four days, and then three times daily, besides the vagina being kept aseptic, and although the cavity was large and very irregular, so that drainage was difficult, the temperature never went up, and no pus formed throughout the entire process of healing, which was rapidly effected, the patient leaving my care on the fourteenth day.

EIGHTH AND FELIX STREETS.

PNEUMONIA, IN WHICH THE REFORMED METHOD OF TREATMENT FAILED.

BY H. F. SLIFER, M.D.
NORTH WALES, PA.

THE subject of this case was a girl fourteen years old, well developed, weighing one hundred and seven pounds, and enjoying good health. On the 20th of November, while at school, she began to complain of headache, dull pain in the limbs, back, and lumbar region, with mild creeping chills.

November 21 she presented the following symptoms: Thirst, elevation of temperature, acceleration of pulse, flushed face, inclined to sleep and moan, accelerated respiration and cough. Headache of a throbbing character, pain in the chest, and general aching of the body.

Physical examination revealed slight dullness over both lungs, and cupitant râles.

I prescribed aconite to reduce the circulation and act on the skin; calomel, until the bowels were thoroughly unloaded; mustard plasters on the chest and cold to the head.

November 22, the symptoms as above indicated, were intensified. Pulse, 110; respiration, 40; temperature, 103; marked dullness over both lungs, crepitant râles general, and headache continued with mild delirium, cough with blood stained expectoration, and dyspnœa.

I ordered antifebrin and Dover's powder, and the following:

1. R.—Ammoniæ carb..... ℥jss.
Tr. digitalis..... ℥j.
Fl. ex. jaborandi..... ℥ij.
" " senegæ..... ℥ss.
Syr. ipecac.
" tolu.....āā ℥j.
M.—S. Teaspoonful in water every two hours.

November 23, 8 A.M., pulse, 120; respiration, 50; temperature, 104, decided dullness of both lungs, few râles, but instead bronchial respiration and bronchophony, and pronounced dyspnœa, headache and delirium continued, cough and expectoration scant. I discontinued antifebrin and Dover's powder, and ordered:

2. R.—Strychninæ..... ..... gr. ss.
Quininæ sulp..... gr. xxx.
Acid. muriat. dil..... gtt. xv.
Syr. tolu.
Aquæ.....āā ℥ij
M.—S. Teaspoonful every three hours.

At 5 P.M., pulse, 130; respiration, 58; temperature, 105, flushed face, a countenance expressive of suffer-

ing, intense dyspnœa and struggling for breath, lips and fingers blue, and extremities cold and clammy.

It was evident that this deplorable condition of my patient could not last long, unless some means for relief were at once brought to bear upon it. I immediately proceeded to open a vein in her arm, and removed eight ounces of blood.

This produced a marvelous change in her condition, the blueness of the lips and fingers disappeared, her breathing became regular and deeper, and she expressed herself as feeling better.

At 11 P.M. her condition was almost as formidable as in the afternoon. I again removed eight ounces of blood from the arm with the same beneficial result. Prescriptions No. 1 and No. 2 continued, with as much nourishment as she could take.

November 24, 8 A.M. During the night she was restless, with mild delirium. Pulse, 128; respiration, 50; temperature, 105; face flushed, considerable difficulty in breathing.

At 2 P.M. her condition was exceedingly unfavorable, suffering from intense dyspnœa, face and hands cyanotic, respiration quick and irregular, heart nearly exhausted, and distress depicted on her countenance.

I now bled her for the third time, since the previous operations rendered me such excellent service. I felt assured that she would again be relieved. This time I took thirty ounces of blood from her arm, after which she breathed better, pulse reduced in frequency, cyanosis disappeared, and her mental condition much improved. That night she partook more freely of nourishment, and rested better than any time previous. I continued the treatment as before.

November 25, general improvement of the case; pulse, 100; respiration, 40; temperature, 101; breathing full and regular, face pale, her intellect clear, and disposed to converse about her condition. Percussion dullness decidedly less over both lungs, and crepitant râles more numerous.

From this time on she improved. Her lungs cleared up with unusual rapidity, and made an uninterrupted recovery.

Society Notes.

NEW YORK ACADEMY OF MEDICINE.

SECTION ON ORTHOPÆDIC SURGERY.

SAMUEL KETCH, M.D., Chairman.

DR. CHARLES N. DIXON-JONES, of Brooklyn, reported a case of

CONGENITAL (DOUBLE) EQUINO-VARUS, WITH EXSECTION OF BOTH TARSI,

and exhibited casts and photographs, as well as the patient.

Kate M., eleven years old. A few weeks after her birth the feet had been tenotomized, and an apparatus worn ever since. On February 29, both feet were operated upon by Phelps' open incision and forcible rectification. In November of the same year, a wedge of bone was removed from the cuboid in both feet. She was then treated by water-glass and plaster splints until early in 1889, when she disappeared for several months. On her return, there was found to be a considerable relapse, with inversion of the feet and fixation of the joints of the tarsus. On November 29, 1890, the operation of Mr. Davies Colleys for resection of the tarsus was performed on both feet. At the end of four weeks the feet were in good position, and the wounds were nearly healed. This case was a very intractable one, and was the only one out of a number of cases of club-foot in the author's experience, where it was found necessary to resort to tarsal resection.

The second case was one of

RESECTION OF THE ASTRAGALO-SCAPHOID ARTICULATION FOR AGGRAVATED FLAT FOOT.

The patient and photographs were exhibited.

K. K., ten years of age. The deformity caused great suffering. On examination it was found that the inner side of the right foot in its whole length rested upon the ground. The astragalo-scaphoid joint formed a well-marked prominence. On the first of February, Ogston's operation was performed. The plaster splint was continued for eight weeks. She now walked comfortably.

Dr. Jones also reported two cases of

EXCISION OF THE HIP FOR TUBERCULAR OSTITIS.

Tillie C., a delicate girl of four years of age, had suffered from the disease for eight months. Owing to high temperature and great pain it was decided to operate. The diseased bone was removed by a free incision, which gave exit to several ounces of pus. The diseased acetabulum was thoroughly curetted, and an extension apparatus applied. After the operation, the patient experienced marked relief, and the temperature remained normal. The first dressing was removed at the end of a week, and the subsequent ones were made about every four days, with the patient under an anæsthetic, and the parts were thoroughly curetted. The patient is able now to run and jump without any apparatus, and there is only one inch shortening.

The second case of excision was that of Annie M., who had had a tubercular coxitis for about one year. She was three years old, had never walked, and the pain was sufficient to seriously interfere with sleep. There was a fluctuating swelling over the joint. On November 3, a similar operation to that just described was performed, and the wound was treated openly, according to the method advocated by Mikulitz. Recovery was rapid and uninterrupted.

The author felt confident that the frequent erasions of the joint surfaces formed an important element in the termination of the tubercular process.

DR. V. P. GIBNEY said that he assumed that in the first case the club foot was probably the result of poliomyelitis, the anterior and posterior tibial muscles being chiefly affected; and that in the effort to bring down the heel, flat foot had been produced. He thought that a still further improvement would follow the division of the tendo Achillis. The case seemed to him to be a good illustration of the necessity of continuing the use of protective apparatus for some time after such separations, for the history stated that the patient, while still wearing only a plaster or water-glass splint, passed from observation for some time, and when next seen the plaster had been discontinued and the case had relapsed. The child walked rather tenderly, and the ankles rolled outward. The left foot could not be brought quite up to 90 degrees, and he perceived in it indications of a probable relapse. In such an event he would suggest that the astragalus be removed, according to the method of Morton, of Philadelphia. Nothing is lost by the removal of this bone, because it is really subluxated forward, and the claim which has been made that after this operation the malleoli rest upon the os calcis is of no significance, as they rest there before

the removal of the astragalus. He had been surprised at the ease with which he could reduce the deformity after getting rid of the astragalus.

Dr. Royal Whitman considered the result obtained in the case of flat foot a good one, but he did not approve of this class of operations. In this instance, a child of ten years had been confined to bed for ten weeks. If the foot had been over-corrected under ether, and placed in a plaster bandage for the same length of time, even without the use of any apparatus, the result should have been equally good, and with the help of the apparatus and exercises, a very much better result might have been obtained without any cutting operation. Such operations, in his opinion, were unscientific.

Dr. A. B. Judson remarked that the occurrence of flat foot as a result of infantile paralysis was rather unusual; it more commonly resulted in equino-varus or calcaneo-valgus.

Dr. R. H. Sayre did not agree with Dr. Judson that equino-valgus was rare after policlyclitis when the anterior tibial muscle happened to be the chief one involved. The child was unable at present to hold the foot in that position in which it was normally held by this muscle. Under these circumstances there is but little doubt that the deformity will recur. He did not believe that there was any such thing as a relapsed club-foot; such cases were simply instances of imperfect cures, in which the patients had been unable to voluntarily retain the foot in its normal position. A tenotomy of the tendo Achillis with retention of the foot for a long time in a corrected position would have answered in this case without any operation, although he thought the result obtained was one of the best that he had ever seen after an osteotomy for flat foot. Unless the foot could be brought to an angle of about 120 degrees, locomotion, except with a high sole, was imperfect; yet in all the cases of removal of the astragalus which he had seen, the feint between the astragalus and the tibia prevented the foot going beyond the right angle, and on this account he considered it inferior to the other operations. Fitzgerald, of Melbourne, had advocated a method of procedure which might almost be said to consist in reducing the whole tarsus nearly to a pulp by a series of osteotomies, and then molding the foot into the desired position, and holding it there with a plaster bandage. His published results of operations on some very badly deformed feet certainly appear most excellent.

Dr. Jones' exsection of the hip joint had yielded a remarkably beautiful result, and certainly it was preferable to obtain a joint with such good motion than to endeavor, as do many of the foreign surgeons, to obtain anchylosis.

Dr. Jones said that he considered Dr. Gibney's criticism on his first case a very just one. As to the second case, it was difficult to describe the many difficulties that he had encountered, and he had come to feel that nothing short of the heroic method of Dr. Fitzgerald would ever make it a good foot.

The Chairman presented a case which he had first seen in 1887. The young man was then in his fifteenth year. The family history showed freedom from rheumatism and joint disease, but there was phthisis on the maternal side. Nearly two years before this time the right knee became swollen, and one year later the ankles also swelled, and shortly afterward the left knee became similarly affected. His general health had always been good, and no cause could be assigned for this condition. Examination showed the right knee to be the seat of a large, doughy swelling; there was no pain on motion, and the movements of the joint were only limited by the mechanical obstacle offered by the swelling itself, and this only in extreme flexion. There was no elevation of temperature, either general or local. By hypodermic puncture a perfectly clear, colorless, syrupy fluid was withdrawn. He was treated first by plaster bandages, and afterward by elastic compression, counter-irritation, and systematic massage of the joints. The progress of the case had been slow and variable up to a few months ago, but since then it has been uninterrupted. There was still some fluctuation and enlargement of the right side, but he expected that the patient would ultimately recover completely. The case had been diagnosticated as hydrarthrosis.

Dr. Gibney said that the case was interesting, both on account of its comparative rarity and the excellent result which had been obtained.

Dr. A. M. Phelps had been accustomed, in many of these cases of effusion into the joints, to open the joint and wash it out with a 1–2,000 solution of bichloride, and he considered that it not only shortened the period of treatment, but was a safe practice, and gave equally good results as the more common method of treatment. He had often treated dispensary cases by this method, and, after being in plaster of Paris for some time, they had been discharged in three months' time with good result. It was not uncommon to find fibrinous material as well as serum in the joint, and the removal of this along with the serum was beneficial, and the bichloride irrigation tended to excite a healthy inflammation of the synovial membrane, which hastened the process of recovery. We had been led to believe that these tubercular joints were always purulent, but he had occasion to examine many such joints microscopically, and had found the tubercle bacilli frequently present where there was no suppuration in the joint.

The Chairman, in closing the discussion on this case, said that it would be difficult to obtain the consent of most private patients to such an operation in a case like this, where there was so little disability or discomfort, and he thought the operation not only dangerous in itself, but liable to result in a tuberculous case, in a general infection of the system.

The Chairman also presented a man, thirty-six years of age, whom he had first seen two days before. He gave a good family history as regards phthisis, joint, and spinal disease, and said that he had enjoyed fair health, excepting several attacks of rheumatism, the first of which occurred at ten and the second at fourteen years of age. The third attack was severe, and occurred ten years ago, and involved only the right ankle. There was no venereal history. Two and a half years ago he was exposed for eight hours, at night, to wet and cold, and this was followed by pain in the left hip, passing down the side of the leg to the knee, and then across the small of the back to the right hip. After that, he noticed his joints becoming stiff; yet there had been no pain, only a feeling of soreness upon motion. Both hip joints have very little motion, adduction only allowing of the internal malleoli being brought within about thirteen inches of each other. The arms and hands are quite free, but there is slight restriction to the movements of the jaws. The patient states that he has been examined under ether, and that while under the influence of the anæsthetic the motion of the joints was increased.

Dr. R. H. Sayre said that the improvement which the patient had been instrumental in pro-

curing in his own case by constant efforts during the past six months to move the joints, suggested an appropriate line of treatment. Slight daily motions of the joints should be made while the patient is immersed in a bath at a temperature of 110–115 degrees. Such massage was more successful when aided by these hot baths, or by hot fomentations to the joints. He recalled one patient whose joints were so generally stiffened that she had been lying around almost helpless for three years, who, as a result of this treatment, was now able to walk without a cane, and with the motions of the elbows and shoulders very much improved. Such results were by no means exceptional, and he would be quite hopeful of decidedly improving this man's condition in the same way. When the joint is inflamed and tender, massage may render the inflammation sufficiently severe to cause anchylosis, but this man had been free from pain for a long time.

DR. GIBNEY heartily approved of the suggestions which had been made; but he nevertheless believed that Dr. Sayre had had a singularly fortunate experience, and that usually these cases were very disappointing.

DR. PHELPS said that if this were a case similar to the one exhibited in the museum as "the ossified man," the hips, vertebræ, and even the jaws would become anchylosed in spite of treatment.

The Chairman, in closing the discussion, said that he had seen a number of these cases, and his experience had been unfortunate. The case should be classified as a rheumatoid arthritis, and this disease terminates in anchylosis. There were times in the course of the affection when there would be temporary amelioration. He did not favor operative procedures in such cases; but he thought the patient might be benefited by a course of massage and baths at the Hot Springs.

DR. R. H. SAYRE read a paper on

THE IMPORTANCE OF THOROUGH EXAMINATION IN SUSPECTED POTT'S DISEASE.

He said that although in childhood the signs of Pott's disease are usually so marked as not to be confounded with other troubles, in adults, especially in females, there are times when the diagnosis is not clear. In some cases of uterine displacement and ovarian disease, the reflex pains, the posture and gait, may simulate Pott's disease so closely as to be mistaken for it by competent observers. Several such cases had fallen under the writer's notice.

In the first case which the author related, a lady, twenty-six years of age, had received an injury of the right hip, which was followed by severe pains in the back and lower extremities. These pains were worse at night, and were so severe that she consulted a prominent Philadelphia physician. He pronounced the case one of Pott's disease, and applied a leather corset. This made her worse, and there was less of power in the arms and legs. The jacket was then removed, and she was advised to rest in bed for two or three years, but this advice was not followed. Two prominent New York physicians made the same diagnosis, and various braces, and finally plaster, were applied without benefit. She was still wearing the plaster jacket when she first came to the author. She could then walk only with difficulty; she was bent forward, and every jar caused pain. There was rigidity of the spinal muscles, and she complained of the girdle sensation and of pains in the lower part of the abdomen and down the thighs. The uterus was found to be retroverted and bound down by adhesions. An Alexander's operation, followed by the use of a pessary, faradism, and gymnastics restored her to health.

The second case had had a spinal posterior brace applied by a London surgeon for supposed spinal diseases. She complained of pain in the back and lower part of the abdomen. The uterus was retroverted, and the ovary prolapsed, and treatment directed to the relief of these conditions, soon brought about a cure.

The third patient had worn various kinds of apparatus, and an examination showed a very slight knuckle in the dorsal region, which was thought to be due to an exaggeration of the physiological curve from her habitual stooping position, resulting from the abdominal pain from which she suffered. Her retroversion was corrected with a pessary, and she has since been free from pain.

The last case reported in the paper was that of an anæmic girl, with a marked stoop, and a projection in the lumbar spine, with pain in the back, abdomen, and legs. She gave a history of dysmenorrhea, and the uterus was found markedly anteflexed. Tonics and general faradism improved her, and she has been without any support for over a year without increase of the symptoms of Pott's disease.

In summing up the subject, the writer said that the description of these cases showed that the mistakes in diagnosis had been made by men of large experience, and he had, therefore, thought it worth while to call attention to the fact that reflex pains from pelvic irritation might easily lead one astray in considering cases of supposed Pott's disease.

PATHOLOGICAL DISLOCATION OF THE HIP.

DR. W. R. TOWNSEND presented a specimen of this condition, which had been removed from an Italian girl, fourteen years of age. The head of the femur was very deeply eroded, and was dislocated on to the dorsum illi. There was marked erosion of the pelvic bones, but no perforation of the pelvis.

Dr. Townsend also presented a specimen illustrating acute arthritis in an infant of eleven months. There was no known cause for the condition, which had lasted for two weeks prior to admission. There was a large gluteal abscess, and the movements of the hip were somewhat circumscribed. As there were evidences of septicæmia, an operation was performed, with a view of securing proper drainage. The child died of exhaustion, and at the autopsy it was found that, although the drainage was excellent and the granulations appeared healthy, the head of the bone was eroded, and the external sinus communicated with the joint capsule. The viscera were perfectly healthy.

DR. JUDSON said that the specimen illustrating pathological dislocation of the hip recalled a discussion which took place a few years ago on the question of the possibility of this dislocation. Dr. March, of Albany, argued that Dupuytren, Astley Cooper, C. Bell, Brodie, Lister, Fergusson, Miller, Gibson, Carnochan, and a host of other authorities were wrong in considering spontaneous dislocation in hip disease as a frequent occurrence. He declared that, as purely the result of morbid action, unaided by superadded violence, it seldom, or never, took place. He visited forty pathological museums in all parts of the world, and failed to find evidences of this lesion. His forcible article in the transactions of the American Medical Association, 1853, excited great opposition, and Dr. Hayward, of Boston, in his surgical

reports, 1855, said it would require more specimens than would fill forty, or forty thousand, museums to convince him that a certain specimen, which he described, was not the result of spontaneous dislocation.

Before this discussion, spontaneous dislocation was supposed to be a very common incident of hip disease, in spite of the doubts expressed by Baron Larry, and the statement by Wickham, in 1833, that it is of very rare occurrence. That dislocation is very often simulated when not really present is not generally conceded. Dr. Gibney showed a specimen to the Pathological Society in 1877, in which dislocation was simulated by an appearance due to the altered direction of the neck of the femur. But that it sometimes does occur is clear enough from the fine specimen in Dr. Townsend's hands.

There is another pathological dislocation of the hip that is worth considering from an orthopædic standpoint—*i. e.*, that thought to be produced by distension of the capsule in the synovitis following continued fevers, as set forth by Dr. Keen in the Fifth Tener Lecture in 1877. He had recently examined a convalescent from typhoid fever, in whom there was great impairment of motion and a distended capsule. Osteitis was eliminated by the history of the case, and by the absence of atrophy and natal asymmetry. The patient was warned against undue disturbance of the joint, and recovered without dislocation, and without any special treatment. The subject is practically important, because it is generally believed that serious joint diseases not infrequently have their origin in fevers.

Dr. Gibney said that he would like to know whether Dr. Townsend thought the child might have been saved if the head of the bone had been excised. A number of years ago Dr. Yale read a paper on excision of the hip before the Surgical Society, and among other conclusions he stated that the best antipyretic for septicæmia was excision of the hip.

Dr. Townsend replied that there was marked septicæmia present at the time he had operated and drained the abscess, so that he doubted if the result would have been different had he excised the head of the bone. He thought, however, that an earlier operation would have saved the child's life. He had recently seen in Bellevue Hospital a man suffering from aggravated septicæmia due to absorption cellulitis of the leg, who was so ill that it was feared he would die on the table during the amputation of the thigh; yet, instead of this, the amputation was followed by a very rapid improvement in his general condition.

The Polyclinic.

JEFFERSON MEDICAL COLLEGE.

Prof. Keen was called to see a young man nineteen years of age, suffering from perityphlitis of nearly four days' standing. The patient was undergoing most agonizing pain. As the case demanded immediate relief, Prof. Keen decided to operate at once, which he did before the class. The patient's story was somewhat as follows: Prior to the present attack he had been perfectly well. He complained of severe pain radiating over the abdomen; bowels constipated since the beginning of the attack; in the right iliac region the abdominal walls were perceived to be tense and resisting; with dullness on percussion; œdema not marked. There had been no vomiting. The parts having been rendered thoroughly aseptic, an incision was made obliquely over the vermiform appendix. Having gone through the deeper structures of the abdominal wall, an abscess was encountered. An incision was made into it, and a large quantity of extremely fœtid pus discharged. A portion of the omentum was found glued down to a gangrenous mass, which proved to be the appendix. Both the appendix and a portion of the omentum were ligated and excised. The peritoneum had been ruptured, and most probably some of the putrid material had escaped within the peritoneal cavity. Owing to the latter accident, Prof. Keen entertained very little hope of the patient's recovery; however, he thought that by observing the most rigid antiseptic precautions, the prognosis would be rendered very much more favorable.

Dr. Cohen in treating a clinical patient who was suffering from the accumulation of muco-purulent material in the throat, and which the patient said "dropped down by drops" from the superior part of the pharynx, ordered the parts to be cocainized, and the orifice of the duct, from which the discharge came, to be thoroughly curetted; and the local application of the following:

℞.—Iodi..... gr. v.
Potassii iodidi..... gr. xxx.
Glycerini..... ..... f℥j.

In an eczematous case the following was recommended: a carefully regulated diet, and

℞.—Vini ferri ..... f℥ss.
Magnesii sulph..... f℥j.
Acidi sulphurici dilut..... f℥j.
Sodii chlorid ..... gr. x.
Infus. quassiæ.....q. s. ad f℥iv.
M.—S. A tablespoonful in a glass of hot water, a half an hour before breakfast.

Dr. Rex, at a recent clinic, presented a case of adenitis. The patient, a child, was perfectly healthy at birth; history good on the maternal and paternal side; the patient is pale, emaciated, is at times languid and drowsy; the cervical glands are very much enlarged; there is also torticollis of the same side. In speaking of the case Dr. Rex said: That glandular enlargement in the young seldom, if ever, went on to suppuration; resolution generally taking place; the reverse is generally the case in adults, and, moreover, glandular enlargements may be purely local in their origin, producing local results. In treating this disease, sanitation is imperative. The patient should be put upon a nutritious and easily assimilated diet; a salt bath each night on retiring, and for the purpose of building up the system any one of the following: cod-liver oil, malt, iron, cinchona. Poultices should not be used. Either of the following will be found beneficial:

℞.—Ung. hydrargyri,
Ung. belladonna.....āā q. s.
Sig. Apply locally.

℞.—Plumbi iodidi..... f℥ss.
Ung. simplicis..... f℥j.
M.—S. Rubbed in three times daily.

And internally:

℞.—Ferri pyrophosphat..... gr. j.
Potassii iodidi..... gr. j.
Syr. limonis..... gtt. xx.
Aquæ.....q. s. ad f℥j.
M.—S. Before meals.

With a teaspoonful of cod-liver oil after each meal.

In a case of incontinence of urine, Prof. Parvin prescribed the following:

℞.—Ferri sulphatis exsiccat..... gr. j.
Ext. belladonnæ alcoholic..... gr. ½.
M.—S. In pill, four times a day.

In the case of a woman presenting at the clinic, who was gaining flesh very rapidly, and had frequent attacks of pain in the stomach, followed by depression; Prof. Bartholow advised that she be placed on carefully regulated diet, not flesh forming food, active exercise in the open air, and a few drops of Fowler's solution three times a day to assist the digestion, and act upon the nervous energy.

For a case of eczema the following lotion was prescribed:

℞.—Zinci carbonat præcip..... fʒij.
Zinci oxidi ..... fʒij.
Glycerini..... fʒiv.
Aquæ destil..... ℥j.

Prof. Bartholow, in treating a clinical patient with the following symptoms—the patient had had several chills; pain about the left nipple; quick, hurried, short respiration; on auscultation, a creaking, leather sound was elicited—advised the removal of the collecting fluid by the aspirator. Prof. Bartholow, in speaking of this disease, regarded opium as the proper remedy in the first or inflammatory stage, and later, after effusion has taken place, he recommends pilocarpine.

Prof. Brinton, in lecturing upon hernia, said that, where it was desirable to keep up a daily evacuation of the bowels, fluid extract of cascara was an excellent remedy for this purpose, given in gtt.xx–xxx two or three times daily.

Dr. Stelwagon in acne rosacea recommends:

℞.—Sulphuris precip.,
Ichthyolis..... ..... āā fʒj.
Adipis..... ..... fʒij.
M.—S. To be rubbed on thoroughly at night.

Or the use of Vleminck's solution, which he regards as an excellent application in this disease.

MEDICO-CHIRURGICAL COLLEGE.

SUBACUTE CATARRHAL DYSPEPSIA.

THE case which I bring before you to-day is that of a man fifty-seven years of age, by occupation a printer. He has had hemiplegia for eleven years, and twenty years previous to the attack he had a chancre with marked secondary eruptions. This was not what he complained of when he applied at the dispensary, but a gastric trouble concerning which I wish to speak about to-day.

For the past year he has vomited every morning a thick tenacious mucus. He also suffers constantly with eructations of gas and sour liquids. His bowels are regular, liver not enlarged, a slight feeling of tenderness at the cardiac end of the stomach, and a feeling of uneasiness after eating. The papillæ of his tongue are enlarged and red. I wish here to differentiate between atonic and catarrhal dyspepsia. This vomiting of tenacious mucus in the morning is very liable to occur in the atonic form from anæmia and a weak circulation.

Alcohol, over-eating, syphilis, gout, hepatic and renal derangement are causes of catarrhal dyspepsia. This patient has never been addicted to alcohol, and has always been a moderate eater. Anything which will lower the vitality may occasion atonic dyspepsia. There are many symptoms in common between these two diseases, but they are always more marked in the catarrhal than in the atonic form. The thirst is not so great in the latter, and the tongue is generally clean unless associated with hepatic trouble. In the former the tongue is small, papillæ enlarged and red at the top and edges. A torpid liver and constipation may occur with both, if associated with catarrh the tongue is large and furrowed.

The pain in atonic dyspepsia is not in the stomach, but the patient complains of intense frontal or vertical headache. The urine in this disease is loaded with phosphates and oxalates. In the catarrhal form the urine is febrile and contains great quantities of urates. In the atonic form there are periods in which the patient does not suffer, but in the other disease it is only interrupted by exacerbations.

This man has been vomiting every morning for a year. He has a history of syphilis, and I should diagnose this a case of subacute catarrhal dyspepsia.

The first thing to do in the treatment of such a case is to give the stomach rest. We will allow this man nothing but milk, predigested if necessary, for the first two weeks. For the thirst and burning sensations we will order mucilaginous drinks slightly acidulated with hydrochloric acid; after that time we will allow him a soft boiled egg in the morning, an occasional lamb chop and boiled rice. Early in the morning he will take a saline purgative, and between meals an alkaline-carbonate mineral water.—*Anders.*

In an advanced case of bronchorrhœa, in a woman fifty years of age, great relief followed the use of chloride of ammonium lozenges.—*Waugh.*

MULTIPLE SCLEROSIS.—Hypodermic injections of hyoscine hydrobromate, gr. $\frac{1}{60}$, were followed by some improvement in the tremor, but such decided narcotic effects that the drug had to be stopped.—*Waugh.*

For a woman sixty years old, stout and plethoric, with abdominal pain and tenderness, diarrhœa alternating with constipation:

℞.—Euonymin..... gr. v.
Hydrastin..... gr. xx.
Ext. nucis vomicæ..... gr. v.
Oleoresin capsici..... gr. ij.
M.—et in granul. No. xx.
S. One after each meal. —*Waugh.*

In a case of gonorrhœal orchitis, the scrotum was covered with a paste of bismuth and mucilage of acacia. The symptoms were relieved almost as quickly as when nitrate of silver is used, and without pain or blistering.—*Waugh.*

THE Kansas City Medical College has recently decided irrevocably upon four years' study, with three full courses at college. The faculty contemplated the change last year, but not being able to get other leading colleges in the West to adopt the three-course plan, change was not thought best. Now, however, the faculty has taken decisive action, without asking others to join them, in the advancement of medical education. The action of the faculty is highly commendable, and will place the Kansas City Medical College in the position it should have fearlessly occupied several years ago. We hope to see all the colleges in the West, that have not made the same positive announcement heretofore, follow the example.
—*Kansas City, Med. Record.*

The Times and Register

A Weekly Journal of Medicine and Surgery.

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HISTORICAL NOTE OF THE EVOLUTION OF GYNÆCIC SURGERY BY AMERICAN SURGEONS.

THE following brief account of the exploits and discoveries of the great American masters of gynæcic surgery, in so far as they work epochs in the evolution of the art, are facts with which every American surgeon should be familiar.

The list of American surgeons who have won distinction in the surgical treatment of diseases of women is surely as large as that of any other country, and the aggregate of their achievements has made as lasting impress on the development of the art as the work accomplished by their collaborateurs in other lands. The native ingenuity displayed by American surgeons, their keen penetration and sound judgment, and their capacity to devise and improve upon surgical measures for the relief of the diseases peculiar to women—advanced or suggested by operators in other lands—is a well-established fact, many examples of which could be readily cited.

Moreover, aside from the operators who have won especial renown in, and the writers and teachers of, this special branch of surgery in this country, probably no other country will show as great a mass of the profession so well grounded in the science, and so conversant with the operative procedures, as the profession in the United States.

First, then, in this list of honor, is the name of Dr. Ephraim McDowell, of Kentucky, the father of ovariotomy, who first performed the operation of ovariotomy in Danville, upon a Mrs. Crawford, in December, 1809. The operation was successful—as were two similar cases occurring in the next seven years. When Dr. McDowell first reported the case of Mrs. Crawford; "when we remember the fact that the first operation for the removal of an ovarian tumor was performed before the days of anæsthesia, and that Dr. McDowell had none of the advantages of trained assistants and the perfected instruments which are now deemed so essential to the success of this operation, the courage of the woman and the skill and intelligent daring of the surgeon combine to form a picture which is unique for its grandeur in the annals of surgery."

Next to McDowell we come to the name of Dr. Washington L. Atlee, of Pennsylvania, who may be styled the popularizer of ovariotomy. No American surgeon ever did as much to obtain proper recognition for any operation in the field of gynæcic surgery as did Dr. Atlee for the operation of ovariotomy. In the year 1855 he published an account of his first thirty cases, of which thirteen died and seventeen recovered. Such a number of recoveries from a disease unanimously regarded as necessarily fatal by the profession, immediately obtained the acceptance of the operation as a justifiable means of saving life.

In the year 1845, in a little country town in Alabama, J. Marion Sims, justly called the Father of American gynecology, accidentally discovered how the vaginal walls and the neck of the uterus might be exposed and explored by retraction of the perineum, and invented his famous duckbilled speculeum, thereby rendering possible feats in gynæcic surgery never before contemplated.

It has been appropriately said of the discovery of Sims' speculum that "it has been to diseases of the womb what the printing press is to civilization; what the compass is to the mariner; what steam is to navigation; what the telescope is to astronomy; and grander than the telescope, because it was the work of one man."

In the same year in his endeavors to cure a case or rather a series of cases of vesico-vaginal fistula, upon one of which he operated some thirty times, he invented, to meet the failure to secure good union of the freshened surfaces with silk, the metallic silver suture, and the method of fastening it in position by means of a perforated shot. The patience and pluck of this wonderful genius—amidst the most adverse and disheartening surroundings find possibly no equal in the history of American surgery. To him also the profession owes the establishment of the Woman's Hospital of the State of New York, an institution that has exerted a greater and more beneficent influence upon the evolution of the art than any other in the land.

Credit must also be given to Dr. E. R. Peaslee, the pioneer of abdominal drainage, whose useful discovery was announced in 1854.

In 1862 Dr. J. Marion Sims was succeeded in the management of the New York Woman's Hospital by his former associate and assistant, Dr. Thomas Addis Emmet, whose name is inseparably associated with the important discovery of the operation for the restoration of the lacerated cervix uteri, described by him in 1869 and 1874; and who has also devised one of the most useful of all the operations for the restoration of the lacerated perineum.

In 1865 Dr. Robert Battey "conceived the idea of producing an artificial menopause for the remedy of disease." On August 17, 1872, he did the first operation, an account of which was published in the *Atlanta Medical and Surgical Journal* in September 1872. Almost at the same time Tait, of England,

and Hegar, of Germany, working independently of each other, performed the same operation; but the credit of its inception and its first performance, by the consensus of medical opinion, undoubtedly belongs to Dr. Battey. Credit must also be given to Dr. D. Hayes Agnew for his researches relative to the restoration of the perineal body given to the profession in 1873. In conclusion, the papers read and the discussion of them before the Philadelphia Obstetrical Society, the American Gynæcological Society and the many other similar associations, have been as powerful factors as any in establishing the practice of gynæcic surgery in the United States, as we know it to-day. An active army of brilliant operators and teachers are to-day following in the footsteps of their predecessors, and making for this special branch of surgery a name and prestige to which all American surgeons can point with national pride.

CHARLES MEIGS WILSON.

Annotations.

DR. H. W. LOEB has been elected to the Chair of Diseases of the Nose and Throat by the Marion Sims Medical College. We congratulate the college on its acquisition.

THE sulphur waters of Richfield Springs, New York, are now to be more fully utilized than ever in the treatment of disease. A new bathing establishment has been erected, containing baths of every description. Dr. Charles C. Ransom, of New York City, is the physician-in-charge. The establishment will be opened on June 20th. Physicians who desire full information concerning the Springs should communicate with Dr. Ransom, or Mr. Thos. R. Proctor, the proprietor, at the Springs.

DIPHTHERIA.

MILWAUKEE is waking up to the necessity of taking steps to stop the spread of scarlatina and diphtheria, which threaten to become epidemic. The great obstacle in the way of the health authorities is the ignorance of the people. On March 2, Commissioner Wingate issued a circular addressed to ministers. The commissioner orders that no funerals shall be held in any church or other place of public assembly, nor in any infected house, in presence of the body, in cases of small-pox, scarlet fever or diphtheria. The order is not intended to prohibit clergymen from holding a brief service in the infected houses in the presence only of those who have already been exposed by living in the house, provided no others are admitted.

The monthly bulletin of the New York State Board of Health for January of the present year reports diphtheria in fifty-four different localities in that State. The total number of deaths from it was 489. Among the causes of death this is the eighth in frequency; but the rank is really higher, as of the seven causes given as occasioning a greater mortality, five are groups of diseases, such as "acute respiratory diseases," etc. The only single affections outranking it are "consumption" and "old age."

LEPROSY IN INDIA.

AT last the Indian Government appears to have awakened to a sense of its responsibility in the matter of leprosy; as will be seen by the following extract from the *Indian Medical Gazette:*

In laying down rules for the guidance of the commissioners sent to India, the Committee of the National Leprosy Fund state that if it is thought well to leave one or more of their number to engage in bacteriological investigation at some central position where especial facilities are afforded, such a plan will have the approval of the committee. The commissioners are also asked to take cognizance of the fact that it is the avowed desire of the Indian Government to deal by legislation with the leper question in India, and that such legislation has been temporarily postponed in consequence of the appointment of this commission, and shall accordingly in their final report state clearly the conclusions they have arrived at, and the ground for those conclusions, concerning the desirability or otherwise; firstly of encouraging the voluntary partial withdrawal of lepers from among the non-leprous population; secondly, of enforcing the complete isolation of all lepers; and, thirdly, of enforcing the isolation of certain lepers. The commissioners in their final report shall also describe minutely what they believe to be the best plans for ensuring the efficient carrying out in practice of their recommendations relating to the treatment of lepers.

The Indian Government has done much to justify the British rule in that country, by the attention paid to the cultivation of cinchona. Three great pestilential diseases, however, flourish in Hindostan, and from this secure habitat threaten the whole world. Lepers swarm in every corner of the country, by hundreds of thousands. Scarcely any attempt is made at segregation, or the prevention of leper marriages. Cholera has its lair in the Ganges Valley, and the great Hindoo and Mahometan pilgrimages afford the ideal means of fostering the disease and diffusing it throughout Asia. The Plague is rarely mentioned now-a-days, and it has not for many years occasioned much uneasiness in Europe. But this, the most terrible pestilence known to human history, exists in its most virulent form in British India, and may one day break out and repeat the ravages so graphically described by Defoe.

Letters to the Editor.

PRIORITY IN OPERATION ON UTERINE FIBROIDS.

IN your issue of 22d, just at hand, I notice an excellent paper on The Treatment of Fibroid Tumors of the Uterus, by Dr. G. H. Rohé, of Baltimore. In this article I find Drs. Hegar, of Freiburg, and Tait, of Birmingham, are credited with priority as to the operation, whereby I am attempted to be defrauded of my just merit in this respect, as may be proved by reference to the ever-lamented Marion Sims' paper upon the subject, published about 1878; also, by reference to Goodell's Lessons in Gynæcology, and also to papers by Dr. J. G. Engleman, of St. Louis, and others. I operated, and the report of the case was published six months before Hegar operated. This claim has been allowed without contradiction for years, except by Mr. Tait, who tried it once, in a letter to the *Weekly News*, of Philadelphia, and was replied to by me in a way that has deterred him from repeating the attempt since. I have been in poor health for many years, and therefore not much before the professional public, but find it hard to have to defend my just claims by the unfair action of others. Trusting you will investigate this matter and deal fairly by me, I remain,

E. H. TRENHOLME, M.D.

MONTREAL, CANADA.

[There are only two men in the medical profession who are capable of doing anything: Tait and Koch. But we are quite sure that Dr. Rohé would not knowingly overlook the claims of a fellow-physician.]

IDIOSYNCRASY TOWARDS FRUIT.

A REMARKABLE case of aversion to fruit of all kinds occurs in the instance of Miss Heding Schultze, of Chicago. She is now twenty years old with no observable peculiarity of dentition or deviation from the normal in development. In fact, her health is very good, and she is thoroughly well nourished, with ruddy German complexion.

When a child of three or four years old, it was noticed that when the fruit was blown from the trees, in her parents' garden near Berlin, that the sight and odor of apples, pears, peaches, etc., made her sick. Every effort was made to overcome this disposition, but to this day she cannot eat any kind of fruit, however disguised. Sweets of all sorts she does not relish. She cannot eat pastry, and her diet is confined to a few vegetables and meats. If similar cases are known to other physicians, it would be of scientific interest to communicate them to your journal.

S. V. CLEVENGER, M.D.

CHICAGO, ILL.

THE QUESTION OF PATENTS.

IT would ill become me, in face of so courteous a dissent as that of Dr. Manly F. Gates, of the Navy, from the opinion I expressed, incidentally to a late article of mine on the Prostatic Electrolizer, to refrain from joining issue with him in the open court of medical journalism to which his letter to your journal invites me.

Dr. Gates thinks that it is best for the welfare of the medical profession that its code should proscribe patents to medical men. I said, in the article referred to, that I did not so think, and casually there gave reasons—which I will now state more fully—for the faith that is in me.

First of all it may be said that, in the present era, no difference is recognized between the rightfulness of remuneration for labor, as such, whether mental or physical. Putting the idea of work, as implying consciousness of exertion, out of question, the meritoriousness of *production*, and the righteousness of *due recompense*, in the sense that "the laborer is worthy of his hire," are recognized more fully now than at any preceding period in the world's history. By what twist of logic, then, can it be contended that a physician, because he happens to be a producer in the line in which his life-thought has led him, should be shut out from the recompense that other men receive for production in the line in which their special life-thought may have happened to lead them? Does not the priest live by the altar, and as so authorized to do? In the very same issue of THE TIMES AND REGISTER in which the letter of Dr. Gates appears, do we not see a stricture quoted from a speech of a member of the Chicago Academy of Medicine, at its late meeting, in which stricture is ascribed to scientific men less weight in every community than they should possess, because they are not in touch with the public in the management of business affairs; because—to elucidate what was meant—they do not generally know where sentiment ends and business begins? Have all the sentiment that you can bear with you through life, gentlemen; all the honor that you please for the weal of yourself and your profession; but, after all, if you cannot justly draw the line of demarcation between these and the bread-winning of life—the business which no profession can escape—a most unhappy mingling of them is made, to the detriment of both.

The all-encircling and devouring dragon of society is cant, and many most innocently nurture it as the true guardian of honor. To say that we physicians, among the rest of human beings, are not, in a measure, under its spell, would be to rule ourselves out from partaking of one of the frailties of human nature. The truth in action, discarding the profession of truth, without feeling or conviction of it, would make every human being rise to a higher plane of moral existence. But we inherit, as we inherit much else, from our ancestors the habit of glossing over the exact significance of things, and exhibiting for their substance some shadowy presentment of their form. No more prolific source of evil exists than is to be found in the meshes of much ancestral custom, based on a condition of things long passed away. Yet, under these trammels we strive often to act, or at least to seem to act, spreading ever wider the bounds of trivial hypocrisies. Well known is the law of human action in one respect, that if men be curbed along lines of formal obligation, without real principle back of it, they evade restriction while professing conformity. He, therefore, who imposes unnecessary restraint upon his brethren, leads them into temptation.

It sounds very grand to speak of ourselves, in the connection which we are discussing, as above the gains that come by trade. But think for a moment, and say if we do scorn them in fact. All the good things of the world that reach us are derived from the earth or from trade. What then is the essential difference between being remunerated for one's professional labor directly or indirectly by trade? Will any dissentient inform me why, if the brain-product of a physician leads to the gain of a tradesman, he should not share in the store which he has increased. The difference in principle between the physician's receiving directly or indirectly the fruit of his labor is inappreciable; the question all reverts to the truism, that "the laborer is worthy of his hire"—the reward of his work.

How, it may justly be asked, if the physician is in honor bound to keep aloof from gain that may come from his invention, and is willing to deny himself any profit in it, is the tradesman to act? According to the notion of Dr. Gates, the high-minded physician, if acting according to the strictly logical requirement of the situation, would devote the unfortunate tradesman to the infernal gods. Is not every one aware that no one but the inventor of an article can, without perjury, take out a patent for it. Suppose, then, that a patent be not taken out for a certain article, what man will be found among tradesmen to spend his time and money to place the article before the public, if in so doing he is acting for the benefit of his competitors, while they are only at the slight expense of copying what he contributes to them almost as a free gift. Do not go to the expense of advertising, perhaps some one will say, and then if the thing be good, the world will come to know it in good time. Why, advertising is the breath of business life in modern times, and he who could thus speak of it can little realize that time is a most important element in the interest of suffering humanity, and that the highest philanthrophy coincides with the quickest and widest dissemination of knowledge of the good.

One, at any rate, as the world is constituted, does not find manufacturers so made as to be willing to work as philanthropists, however much they may so be in their private capacities. If the world were so constituted, manufacture would come to an end. Only in a sphere where prostatic electrolyzing has ceased forevermore can such spirits be found. In the case of the very instrument which our original article described, in which I have not a particle of interest except as a physician, it was at first purposed not to patent it. The consequence was that it was at once promptly declined by manufacturers. It was then patented, and put in the hands of a prominent manufacturer, who is spending hundreds of dollars in bringing it into public notice, for which he is already receiving the reward without which he would not have stirred a step in that direction, and, consequently, many sufferers would not have been relieved. How far advanced for the cause of humanity, in comparison with this result, would have been the introduction of the instrument through the ancient processes which know not of patents?

The fact is, in fine, to any one who believes in the law of evolution, that we are living in an age in which some old habits no longer fit the freedom of our expanded limbs and forms. I trust that I shall never be found more backward than any of my professional brethren in attempting to uphold by word and deed the cause of true ethics, but I cannot, in the face of facts that stare me in the face, regarding the constitution of our present active world, and its methods of working to advantage for promoting the well-being of our species, I cannot, I would say, but think that we have outgrown the ancient formula interdicting patents to medical men. In so contending I deem that I am assisting to remove a stumbling-block from the path of my brethren, and speak, in the largest sense, in the cause of common-sense, justice, and humanity.

JNO. V. SHOEMAKER, M.D.
No. 1519 WALNUT STREET, PHILADELPHIA.

Book Notices.

PRINCIPLES OF SURGERY. By N. SENN, M.D. Illustrated with one hundred and nine wood engravings. Philadelphia and London, F. A. Davis, publisher, 1890. Cloth, 8 vo., pp. 611. Price, $4.50.

Professor Senn has attempted the task of writing a text-book on surgery that will contain the fundamental principles of surgery, as well as the recent great discoveries in pathology, and yet be comprised in 600 pages. He writes from the standpoint of the teacher, who has gauged the capacity of his pupil, and is fully conscious of the herculean task before him.

Dr. Senn says very justly that the student who masters the principles will have no difficulty in putting his knowledge to practice; while the one who burdens his memory with trifling details will never be prompt in emergencies. The subject of tumors is left for a subsequent volume. While this book is written as a text-book for students, there can be few practitioners who would not find it exceedingly instructive and quite as interesting. It is worth one's while to read it, to realize how complete has been the revolution in surgical pathology effected by the microbe. The illustrations are well chosen and sufficiently numerous to elucidate the text. The typography and proving are unexceptionable. We commend the book to our readers as an admirable exposition of the principles upon which modern surgery rests.

Pamphlets.

A Farther Study of Anodal Diffusion as a Therapeutic Agent. Repriuted from the Medical Record, January 31, 1891. And a Second Note upon Homonymous Hemiopic Hallucinations. Reprinted from the *New York Medical Journal*. By Frederick Peterson, M.D.

Annual Report of the Health Department of the City of Baltimore for 1890. Dr. Rohè's report contains much interesting matter. The total number of deaths in Baltimore, in 1890, were 10,198, an annual rate of 22.41 per 1,000. The principal causes of death were: Consumption, 1,249; pneumonia, 981; cholera infantum, 507; heart disease, 462; old age, 350; convulsions, 311; marasmus, 309; cancer, 276; diphtheria, 274; typhoid fever, 247; measles, 248; bronchitis, 332; Bright's disease, 289.

The Medical Digest.

FOR GONORRHŒA:—

℞.—Ol. santali..... ℥j.
Ovi vitelli, q. s.

Mix well and add:

Sp. ætheris nitrosi..... ℥ij.
Syr. flor. aurant..... ℥iv.
Aquæ cinnam ..... ad ℥vj.
M.—S. Tablespoonful every three or four hours.

℞.—Ol. santali..... ℥ss–℥j.
Liq. potassæ..... ℥ij–℥iv.
Syr. acaciæ..... ℥j.
Aquæ fœniculi..... ℥iij.
M.—S. A teaspoonful well diluted, two or three hours after eating.

When there is much irritability of the bladder, or the ardor urinæ is extreme, I have often found the following gives prompt relief:

℞.—Acid. benzoici,
Sodæ biboras.....āā ℥ij.
Elix. simpl..... ℥vj.
M.—S. A tablespoonful in water every three or four hours.

—Pooley, *Toledo Med. Compend.*

FOR SCABIES:—

℞.—Acid. naphtoeici,
Cretæ albæ,
Sapon. virid .....āā gr. x.
Axung..... gr. c.

Three or four inunctions only are necessary. No favorable results were obtained in vegetable parasitic diseases, as no reaction of the skin is obtained from it. In prurigo, a ten per cent. ointment for adults, and a five per cent. ointment for children gave good results.—*Boston Med. and Sur. Jour.*

SPINAL CURVATURE.—The treatment, in a general way, has for its object:

1. By manipulation, massage and traction, the limbering of the spine by stretching the ligaments and muscles on the concave side.

2. The development of the weaker muscles, and in fact all the muscles, while the spine is in the straightest possible position. This treatment seems to be rational, has proven to be so in a great many cases, is more easily recommended than carried out, requires persistent and long continued effort, during which, in many cases, the patient or physician, or both, become discouraged. While, in others, persistent treatment proves to be satisfactory, curing, or at least preventing, any further deformity.

—Smith, *N. E. Med. Monthly.*

SULPHO-CALCINE IN DIPHTHERIA.—Kennedy (*Med. Bulletin*) describes two cases of diphtheria that recovered under the local use of sulpho-calcine. His report concludes as follows:

"I have every reason to consider sulpho-calcine a veritable specific and the only preparation that deserves the name. Its composition of calcii oxydum purum, flores sulphuris loti, benzo-boracic acid, ol. eucalyptus globulus, ol. gaultheria, and ext. pancreaticum shows at a glance that it contains ingredients which in the past have been of the most material benefit in the treatment of diphtheria, and in my opinion there is nothing which, on a fair trial, will give such perfect results.

"In a case of chronic catarrh of twenty years' standing I used sulpho-calcine, and after three weeks' trial the patient was able to smell cooking—something he had not done for years. At this time he continues to improve."

APPENDICITIS.—While it is generally conceded that no fixed rules can be formulated that will be applicable to all cases, but that each must be judged to a certain extent upon its own merits, I would venture, in conclusion, to present the subject for your consideration in the following summary:

1. That the majority of those cases of appendicitis characterized by mild symptoms require no surgical interference unless such symptoms increase, or persist unabated, after the third or four day.

2. That the presence of slight induration, accompanied with moderate pain and tenderness and but little constitutional disturbance, does not necessarily indicate operation. Where, however, such induration continues to increase beyond three or four days, or there is an increase in the general symptoms by that time, operation will promise more than an expectant treatment.

3. That cases presenting, either from the first, or at any time in their course, marked constitutional disturbance, notably chills, a continued high temperature or a variable temperature, rapid pulse, vomiting and increasing tympanites, with or without the presence of tumor, demand operation as early as possible.—Rand, *Brooklyn Med. Jour.*

TREATMENT OF ABDOMINAL TUBERCULOSIS.—The treatment of abdominal tuberculosis is altogether subordinate to that of the associated pulmonary or general tuberculosis.

In general terms (bearing in mind the channels of infection), the treatment is preventive, palliative and supporting. As to curative measures, no claim, I believe, has been made, except by those optimists in therapeusis, the English. At Guy's Hospital, for many years, applications of mercurials to the abdomen have been used; and, according to Fagge, have been curative more than once. Koch's lymph, apparently, does not find in abdominal tuberculoses its best field for operation. Its action on tuberculous tissue being essentially a necrosis, we would fear the result in cases of intestinal ulceration; for, by the thinning of the indurated base, perforation might ensue. In a case in Berlin, under Leyden's care, this has, indeed, occurred.

When we come to the surgical treatment of these cases, we reach a broader field, and one that, of late years, has excited wide-spread interest and discussion. So far as I can find, not much has been attempted in the removal of the enlarged glands of tabes. Usually the glands involved are so many in number that the effort at their excision would be hopeless. Yet it is conceivable that laparotomy and removal of a large gland or mass for the relief of severe pressure symptoms might be allowable. It is, however, in tuberculous peritonitis that laparotomy has taken its place as an established procedure.

It is difficult, from the theoretical point of view, to see how laparotomy can be of any avail in relieving or improving abdominal conditions, when the peritoneum is studded with millions of tubercles; yet this is the firm conviction, from operative experience, of many eminent men.

Gairdner, of Glasgow, says: "In tabes mesenterica, simple paracentesis, and free incision and irrigation of the peritoneal cavity, are justifiable and remedial measures."

Wm. Osler says: "Statistical evidence shows laparotomy to be in many cases a palliative, and, in a certain number, a curative measure."

Deschamps, of Paris, regards the operation with favor, as do Jos. Price, of Philadelphia, Van de Warker, of New York, and many others.

F. Spaeth, of Hamburg, who has had much experience in this operation, comes to these conclusions:

1. In primary tuberculosis of the peritoneum, without implication of other organs, laparotomy may act as a curative agent, and is to be recommended.

2. In tuberculosis of the peritoneum, where the female genitals are involved, the operation is not satisfactory.

3. In tuberculosis of the peritoneum, due to a tuberculous enteritis, the operation is only palliative.

4. In general tuberculosis, unaccompanied by peritoneal involvement, an early radical operation is to be urged.

By many of those quoted above, the beneficial effect of laparotomy upon the general condition of the patient and upon concomitant pulmonary lesions (aside from all local results), has been commented upon as something startling.

In ulceration of the appendix, cæcum, or other parts of the intestines, with perforation, or in tubercular perityphlitis, with rupture into the peritoneal cavity, the necessity for laparotomy is urgent.

—Van Zant, *Lancet Clinic.*

THE ANÆSTHETIC ACTION OF NITROGEN ALONE OR WITH A SMALL PROPORTION OF OXYGEN.—The phenomena which result from the inhalation of nitrous oxide as an anæsthetic are strictly analogous with those observed in the early stages of asphyxia.

Some writers maintain that the anæsthetic action of nitrous oxide is due to its preventing access of free oxygen to the system, others believe that it has a specific anæsthetic action. It occurred to me that light might be thrown upon this subject by the administration of pure nitrogen. Accordingly I obtained from the Scotch and Irish Oxygen Company, of Glasgow, a cylinder containing 100 cubic feet of compressed nitrogen, in which the proportion of oxygen was only 0.5 per. cent. by vol., whilst that of the CO_2 present was 0.3. As a preliminary trial, Mr. F. W. Braine was good enough to administer this gas in five instances to members of the staff of King's College, who volunteered to inhale it.

The result was, in each case, the production of complete anæsthesia and of general phenomena precisely similar to those observed from the inhalation of nitrous oxide. Encouraged by these results, Mr. Braine felt justified in administering the gas to patients at the dental hospital. Nine patients took the gas. In every case, the result was the production of complete anæsthesia, with general phenomena pre-

cisely similar to those observed during nitrous oxide inhalation. The pulse was first full and throbbing, then feeble; in the advanced stage respiration was deep and rapid, with lividity of the surface, dilated pupils, and more or less jactitation of the limbs; the only difference, in the opinion of some of those present, being that the anæsthesia was less rapidly produced, and somewhat less durable than that from nitrous oxide, though in each case the tooth was extracted without pain.

On a subsequent occasion, the same gas was administered by Dr. Frederic Hewitt at the Dental Hospital. Nine patients took the gas. The maximum period required to produce anæsthesia was 70 seconds, the minimum 50 seconds, and the mean time 58.3 seconds.

In one case two teeth were extracted without pain; in one only was pain experienced, and in that case the tooth having been broken and not extracted, the patient said she felt a "smashing up."

I subsequently obtained from the same company a cylinder containing compressed nitrogen with 3 per cent. of oxygen, and a second cylinder containing nitrogen with 5 per cent. of oxygen. These gases were also administered by Dr. Hewitt to patients at the Dental Hospital, with the following results:

Five patients took the 3 per cent. gas. Anæsthesia was complete in 75 seconds (max.) and in 60 seconds (min.), the average time required being 67.5 seconds. In each case the tooth was extracted without pain, the duration of anæsthesia being somewhat longer than with pure nitrogen. In each case there was lividity, dilatation of pupils, and more or less jactitation. Four patients took the nitrogen containing 5 per cent. of oxygen. With this mixture the time required for the production of anæsthesia ranged from 75 to 95 seconds, the average time being 87.5 seconds. In each case there was complete anæsthesia, during which one patient had three molars extracted. Although she said she felt the last two, the sensation appeared to be that of a pull and not of acute pain. In most of these four cases there was slight lividity before the removal of the face piece. In only one case was there slight jactitation of the limbs; the other three patients were perfectly quiescent.—*Brit. Med. Jour.*

Enlarged Spleen with Leucocythemia.—Barrs reports a case which recovered under the persistent use of iron and arsenic, the latter gradually increased to 9 drops of the solution of arsenic chloride.

Rupture of Costal Cartilage.—This gentleman comes to us with the following history: Eight years ago he received an injury on the left side in the region of the ninth costal cartilage. This has troubled him ever since, and upon examination we find the ninth costal cartilage separated from the slightest exertion, and even in full respiration the end of the rib works very perceptibly. We will cut down upon this and bring the cartilages in apposition with a silver wire suture. Before tightening the suture we will scrape the approximating surfaces in order that we may get good union. It is needless to say this will be dressed antiseptically, as that is understood in all operations.

—Heddens, *St. Jo. Med. Herald.*

Creolin Irrigations in Compound Fractures.—Three cases of compound fracture were kept side by side in the female ward of the hospital and treated by the same method, viz.: irrigation by creoline lotion (1 in 1,000). The injured parts were put in suitable splints. In case No. 1 the irrigation was kept up for nearly ten days, when the wound healed and the gangrene stopped, with slight sloughing of the edges of the wound. In case No. 2 there was a collection of pus below the bone which had to be evacuated and drained. A thin film of bone over the exposed part of the tibia separated by the natural method, and then granulations covered it beautifully. In this case the irrigation was kept up for a fortnight. In case No. 3 there was no complication, and the union was perfect.—Mittra, *Indian Med. Gazette.*

Improvised Sterilized Dressings.—In the every-day treatment of wounds it is my custom often to improvise my dressings. The towels with which the wound is sponged are heated and sterilized in the kitchen oven. The gauze is made from an old sheet or shirt, clean and white, which almost any housewife can furnish. It is roasted to a light brown on top of a hot stove and applied hot to the wound. It is a splendid absorber of discharges. When oakum is not at hand to treat the same way, I tear the washed sheet into narrow strips and pieces and put a thick layer of it over the gauze. Then a layer of cotton batting roasted in the same way is applied over the strips of sheet and held in place by a roller bandage. When I can't get the cotton I use more of the sheet until the wound is thoroughly protected from the air.

The slightest trace of fluid soaking through the dressing from the wound is the signal for a change of dressing which is repeated after the original method.

—Wyman, *Jour. Railway Surg.*

Hot Air Inhalations in Pulmonary Phthisis.—The experience I have had with this method of treatment disposes me to recommend its use only in the early stages of pulmonary phthisis—cases where the pulmonary tuberculization is not far advanced, and the lung substance only slightly involved, and not at all broken down; where, in short, the bacilli are most recently deposited, and, accordingly, most superficial. Indeed, where there is a strong suspicion of tubercle setting in, although no positive physical signs of tubercular deposit may be capable of detection; where, for example, there is hæmoptysis which we cannot refer to any other source—as from the nose, mouth, gums, throat, larynx, trachea, stomach, or from structural alterations in the terminal pulmonary blood-vessels of elderly people with an arthritic diathesis (Clark); or during severe attacks of acute bronchial catarrh with violent coughing, or after severe bodily exertion or the inhalation of highly irritant gases—then, all these probable causes being cautiously eliminated, it would be advisable to adopt its use.

That a bronchial catarrh, particularly if confined to the apex of the lung, or spreading there and inducing a catarrhal pneumonia—a pneumonia localized in the upper lobe, or a catarrhal pneumonia in the lower lobe—may often be followed by tubercle, we have, unfortunately, too many examples. Now it so happens that this hot air method provides us with an admirable means of treating many obstinate forms of bronchitis; and I have frequently used it in such cases with the most marked benefit. No doubt many of the milder cases of pulmonary phthisis may eventually recover of themselves, particularly if the conditions are at all favorable; but the course is necessarily very slow, and liable to many accidents.

—Charles, *The Lancet.*

THE TREATMENT OF TETANUS BY INJECTION.—It will be remembered that Drs. Behring and Kitasato, a Japanese physician in Berlin, reported, some time ago, that on the injection of the serum of blood of animals rendered proof against tetanus into other animals suffering from tetanus, they recovered. No experiments in this direction had been made on the human subject. On the 4th inst., however, the report of such a case was presented to the Medical Society by Dr. Baginsky. A child suffering from tetanus neonatorum was admitted into the Kaiser Friedrich Hospital, and it was determined that the experiment should be made. About a 0.1 grm. of of blood serum, taken from an animal rendered proof against the disease, was accordingly injected, whereupon the temperature rose to 39° C. On the following day the injection was repeated, when the temperature rose to 41° C. (105.8° F.) On the two following days the injections were repeated, the temperature rising each time to 41° C. A transient or apparent improvement took place, but the tetanic spasms soon returned in undiminished force, and the child died. The autopsy revealed marked hyperæmia of the brain and other organs, and some patches of broncho-pneumonia, but nothing else. A report of the microscopic revelations will be published later. It was proved, in this case, that the disease was due to the tetanus bacillus by control experiments on another animal. Dr. Baginsky is inclined to the opinion that the failure in his case was due to over much caution, and that a better result might have been obtained by pushing the treatment a little more.—*Med. Press.*

MALIGNANT GROWTHS SUCCESSFULLY TREATED BY ANILINE TRICHLORATUM.—At the "Gesellschaft der Aerzz," Prof. Mosetig Moorhof read a paper on ten years' experiments in malignant inoperative cases, during which time he had used nitrate of silver, sodium chloride injections, hydrogen peroxide, etc., without any appreciable checking of neoplasmic growth. In the aniline coloring series he was successful in checking the progress, and in some cases is convinced that they disappeared under the influence of the trichlorate of aniline as well as the methyl-violet. According to his own description, it was in the year 1883 that the idea occurred to him that the prolification of the pathogenic cell element and rapid growth of the neoplasm might be checked, if not destroyed, by some external means that could be applied to act on the nucleus of the cell element, and thus destroy germination.

In one case of ulcerating round-celled sarcoma, not suitable for operation, he employed the trichlorate of aniline. Injections of a 1 per cent. watery solution were made, increasing the dose until he reached 1 drachm. Here the patient very nearly died. After eight weeks' treatment the patient left the hospital as cured. At first the discharge increased, carrying out colored disintegrated tissue. The same success ensued in three other cases. Since the introduction of methyl-violet or pyoctanin he had used it with equally good results. He employed solutions of 1 to 1,000, up to 1 to 300, and believed that more than 6 grammes of the latter can be safely given. If speedy results are desired, it should be used oftener than every second or third day. The speaker did not mention unsuccessful cases.—*Med. Press.*

THE TREATMENT OF PERITONITIS BY ESERIN AND PILOCARPIN.—By the use of eserin and pilocarpin we could secure intestinal peristalsis, watery stools, diaphoresis, diuretic and sedative action, with free watery secretion; also the advantages of hypodermic administration and rapid, sure action of the remedy and the minimum of gastric irritation, and the advantage of a rapid reaction of the system from the effects of the remedy. While the important object is to secure drainage of ascitic accumulations into the intestinal canal, and to flush out the glandular tissues and free them of the infectious germs, to combat the inflammation and to diminish reflex excitation, it certainly is rational treatment. The remedy has been sufficiently satisfactory in the treatment of the lower animals to warrant a thorough trial in man.

If in the use of these remedies we can avoid the delay in the action of saline cathartics, it will certainly circumscribe the danger and hasten the cure, and at the same time secure a much more pleasant treatment for the patient.

Eserin does not produce such violent peristalsis as pilocarpin, and has a more sedative action.

Hoover, *Lancet-Clinic.*

PHLORIDZIN DIABETES.—Moritz and Prausnitz (*Zeits. f. Biol.*) have shown in v. Voit's laboratory the action of this remarkable body in detail. Phloridzin is a glucoside obtained from the roots of the apple tree and some other trees, and v. Mering found that it caused diabetes. The special interest which attaches to this form of glycosuria is that it can be produced in animals whose livers are free from glycogen, and this suggests, therefore, that the source of the sugar in the urine in this case cannot be the carbohydrates, but that one must look to the proteids as its source. The animals—strictly dieted—received 2.5 to 3 grammes (38 to 45 grains) of phloridzin daily, and none was found in the fæces. The glycosuria lasted for three days. Phloretin—not a glucoside—also causes glycosuria, but the other decomposition products, phloretinic acid and phloroglucin, do not do so. Phloridzin glycosuria seems to be analogous to diabetes mellitus as it occurs in man, for it takes place on an albuminous or a carbohydrate diet, and also during starvation, and even on a purely fatty diet, and in these cases the urine may contain 6 to 13.5 per cent. of sugar; and it is somewhat remarkable that relatively more sugar appears in the urine on a flesh diet than on a diet of carbohydrates. During hunger and on a fatty diet the excretion of sugar is very considerable, and the relative loss of sugar in both cases much greater than on a carbohydate or flesh diet.—*Brit. Med. Jour.*

HÆMATOZOA OF MALARIA.—Laveran (*Journal des Connaissances Médicales*) gives a very clear account of his methods of examination of the blood in cases of malaria. He points out that such examination is exceedingly necessary in hot countries, where typhoid fever or sunstroke may be mistaken for malaria, or *vice versa*. An examination of the blood always puts the matter beyond doubt. He recommends that the examination should be made just at the beginning of a febrile attack, and before quinine has been administered, as during the period of apyrexia the organisms are seldom found in the peripheral circulation, but appear to be collected in the internal organs, and especially in the spleen. For the examination of the fresh blood, the skin should be cleansed with soap and water, rinsed with alcohol and carefully dried, then, everything being ready, the finger is pricked with a pin that has been heated to redness, and allowed to cool, the little round globule of blood that appears is touched with a clean slide; a cover glass

is lowered down on to the blood, which is pressed out until the film assumes a transparent yellow color; the film is then not too thick, and should be examined at once. The clot that is formed at the margin prevents the drying of the film; but, in order to keep the film thin, it is better to wipe away the blood that is pressed from under the cover glass, and then to surround with paraffin. Daylight and no sub-stage condenser should be used for examination, or the organisms are rendered too transparent. The movements of the flagella and the amœboid movements can all be made out. If the organisms are pigmented they are readily enough seen, but a most careful search may have to be made for those non-pigmented organisms that sometimes adhere to the red blood corpuscles. If the specimen is to be preserved for further examination the film should be prepared by compressing between two cover glasses, which are carefully separated, allowed to dry, and passed two or three times through a clear flame; each film is mounted unstained and dry, with a paraffin rim to keep out the air, and to retain the cover glasses in position. When it is wished to stain the organisms in order to bring them into special prominence, the films, after being heated on the cover glass, are put into a mixture of alcohol and ether; they are then allowed to dry, after which they are stained with a concentrated aqueous solution of methylene blue for thirty seconds; they are then rinsed in water and mounted dry, the cover glass being surrounded with paraffin. The leucocytes are colored deep blue, the free spherical organisms and those adhering to the red blood corpuscles pale blue, whilst other forms are scarcely tinged. A contrast stain may be obtained by using eosin. With these stained preparations artificial light may of course be used. In all cases where possible both methods of preparation should be resorted to, as each has its advantages.—*Brit. Med. Jour.*

BRIEFLETS.—

For Nasal Fissures and Excoriations:

℞.—Iodol ..... gr. xxv.
Acidi carbolici ..... gr. iv.
Ol. rosæ ..... ♏ v.
Lanolin ..... ʒiv.
M.—Apply locally.

—*Bennett.*

For Tobacco Heart. Use cactus Mexicana.—*Gayle.*

For Hysteria. Tartar emetic.—*Simpson.*

Dr. Monk proposes that the township trustees be required to pay doctors' bills for the poor.

Dr. Hubbard proposes to transfuse the blood of persons recovering from influenza into the veins of those who are just commencing with the disease.

For Constipation. The following pill:

Hydrastis	¼ grain.
Ext. cascaræ sag.	1-5 "
Xanthoxyline	1-5 "
Aloin	1-10 "
Ext. belladonnæ	1-20 "
Podophyllin	1-10 "
Oil peppermint	1-30 drop.
Sul. strychnine	1-100 grain.

—*Gregg.*

For Hot Flashes. Fifteen drops of dilute sulphuric acid in water, thrice daily.—*Johnson.*

Dr. Ansbrooks has used cocaine very freely, and never saw any evidence of an aphrodisiac action.

Dr. Lindsey records the case of a woman who died of suppression of urine after child-birth. Two hours after death the body began to perspire with great freedom.

For Urticaria;

℞.—Magnesiæ sulph. ..... 1 ounce.
Ferri sulph. ..... 1 drachm.
Acid. sulph., dil. ..... 2 drachms.
Tinct. gentian ..... 1 ounce.
Aquæ ..... q. s. ad 8 ounces.
M.—Sig. One tablespoonful in water every one or two hours.

—*Thornton.*

For Chronic Chills:

℞.—Nitric acid ..... 1 drachm.
Sul. iron, C. P. ..... 1 " M.
After the iron is decomposed, add:
Water ..... 4 ounces.
Strychnine sulph. ..... 1 grain.
Nitrate potash ..... 1 drachm.
Quinine ..... "
Tinct. ginger ..... 2 drachms.
Alcohol ..... q. s. ad 8 ounces.
M.—Sig. One teaspoonful to commence with, and gradually increase to two. Take before meals and dilute with water.

—*Collins.*

For Morbid Blushing. Nitrite of amyl, $\frac{1}{24}$ to $\frac{1}{6}$ drop, thrice daily, in syrup and water.—*Wells.*

—*Medical Brief.*

NASO-PHARYNGEAL CATARRH is thus treated by Willis: First cleanse parts with peroxide of hydrogen, diluted sufficiently, and then apply the following with spray:

℞.—Sodii boro-benzoat,
Fld. ext. hydrastis ..... āā ʒj.
Glycerini ..... ʒj.
Acidi carbolici ..... ♏xx.
Aquæ camphoræ ..... ʒvj.
Aquæ ..... ʒvj.
M.—Sig. Use three times per day.

—*Canada Lancet.*

LYMPHADENITIS.—These are the principles that should govern the physician in treating chronic lymphadenitis in children. To impress more strongly upon your minds these principles and their importance in treating such cases, I shall formulate the following conclusions:

1. Intelligent treatment of this affection is based upon a correction of the general malnutrition.

2. Intelligent treatment is based upon an elimination of the cause of the trouble, which presents itself in the form of chronic inflammatory processes of the mucous membranes and the skin, and

3. In the application of remedies which should differ in different cases. In the initial stage of the affection frequent applications of the tincture of iodine, cold or heat will be indicated; but generally when cheesy deposits have taken place all those local forms of medication are insufficient, and the treatment can be expressed by the simple word *evacuation.*

If you fulfill these principles you will cure your patient, and if you neglect them the case will proceed from bad to worse, or if nature finally accomplishes a cure, the patient will be left with irregular contracted scars which will prove a permanent and annoying deformity.—Gerster, *Int. Jour. Surgery.*

A RUSSIAN physician has proved, by direct experiment, that pepper and mustard given to patients with Bright's disease, increase the excretion of albumen in all forms of the disease.

LIMITATIONS OF SPINAL SURGERY.—*Conclusions:*

1. For spina bifida, excision of the sac, after the method of Mayo Robson, is to be advocated.

2. For spinal caries one should only operate where the sinus drainage is exhausting the patient. Then even the bodies of the vertebræ may be curetted, and the sinuses should be abbreviated. Tubercular sinuses should be cleaned up with peroxide of hydrogen and iodoform injections. On cold abscesses Brun's method should be tried.

3. In fracture paraplegia operation should be deferred until the bones have united and hemorrhage has been absorbed. A subjective sense of tingling and pain in the paralyzed and anæsthetic limbs is not an evidence of conduction to the cerebrum along the cord, but rather of irritation of the divided stump by the cicatrix, or by bone-spiculæ, and thence a delusive reference to the part supplied. The only satisfactory proof of total transverse lesion is based on observation of absence of tendon reflexes. Involuntary twitching and jumping is a reflected action having its nervous origin in the distal part of the divided cord. It may exist even years after the injury, and is not to be construed as favorable to ultimate recovery.

4. Little is to be hoped for from operation in cases of total transverse section. If there is pain in the hyperæsthetic zone, it will probably be relieved by breaking up intradural adhesions, and relieving the engorgement of the cicatrix. Nothing more can be expected. Paresis and limited anæsthesia of the lumbar root supplies call for operation, and this will probably be followed by recovery.

5. Cases of paraplegia and persistent acute pain, warranting a diagnosis of myelitis with local meningitis, should be given a chance of relief, such as that which followed White's operation described above.

6. Simplification of operative methods makes the surgery of the spine a comparatively simple affair.

7. Intradural division of the posterior roots of the brachial or sciatic plexuses for the relief of intractable neuralgias is an operation seemingly justified by the three reported cases. Further experience is needed to prove its title to a place in the list of justifiable operations.—Abbe, *Canada Pract.*

TREATMENT OF IRRITABLE BLADDER.—The best internal medication is iodide of potassium in from 10 to 30 grain doses every few hours with large quantities of hot, soft water. This often in the incipient stage will effect a cure in a few days and will give relief in a few minutes. The decoction of the triticum repens which has been so highly praised by some, I have been much disappointed in, as it has appeared to me to do nothing more than act as a diuretic. Tincture of belladonna in [illegible]e cases is of benefit but cannot be relied upon. Keep the body warm; warm baths with shampooing is of great benefit. Some cases that in the early stages were particularly intractable have been cured by a few weeks' residence at Excelsior Springs, with a liberal use of those iron-manganese waters. Probably they change the nutritive processes that are always at fault, and at the same time wash out the bladder thoroughly by their diuretic action. Relapses are liable to occur, hence great care should be used both as to diet and hygiene and the first symptoms of a relapse promptly treated.—Halley, *K. C. Med. Record.*

A PUBLIC auction of Koch's lymph is pending at Minneapolis. Its former owner had no other personal property wherewith to satisfy a debt of $400.

MORRIS (*Med. Mirror*) describes a case of unusual interest. The child, aged two and a half years, walked stiffly, easing the right leg, and then returned to creeping. The right gluteal fold was effaced; the right buttock broad. When he tried to rise the back muscles contracted rigidly. The diagnosis was incipient spondylitis and coxitis; but circumcision was advised to remove any possible reflex. The prepuce was long, firmly adherent to the glands, and retained a collection of hard smegma. The operation was performed, and, while waiting for a cuirass to be made, the child got entirely well.

PYREXIA.—In concluding this brief summary we offer the following propositions:

1. The temperature is not a reliable index of tissue change.

2. It is by no means a certain indication of the gravity of disease.

3. That in some degree at least pyrexia is to be considered as a conservative process not to be abolished.

4. That the mere control of the temperature by any method without attention to co-existing conditions, is not productive of good but often of evil.

5. That the use of the synthetic antipyretics should be limited to short periods and selected cases.

—Smart, *Cleveland Med. Gaz.*

PUERPERAL SEPSIS: SIX CASES.—In case No. 1, the determining cause was one of mind over physical condition, a determination on her part, if possible, not to live with her husband, treating him with the utmost contempt, careless of herself, so that the directions of her physician and the care of the nurse availed nothing. This was not due alone to the septic influence, because it was noticeable from my first visit. She died in six days.

In case No. 2, Mrs. A., it was complicated with a poorly nourished condition, small pelvic cavity and the brain symptoms overshadowing everything; but in another case of the same amount of lacerated tissue, when the healing process ceased, I would remove the stitches and apply pure carbolic acid to the raw surface of the wound, keeping the parts aseptic and giving tonics, hoping to antagonize the sepsis. Died on tenth day.

In cases Nos. 3, 4, 5, 6, their recovery I attribute to the prompt cleaning out of the cavity of the uterus, curetting and applying pure carbolic acid to the parts, and using intra-uterine douches followed by vaginal cleanliness and keeping the bowels opened. In every case that I used the curette I brought away large or small pieces of the placenta, often to my surprise, because I am very careful to examine the placenta for any missing portion, and in all my puerperal cases when there is the slightest rise of temperature, and if it is not controlled within twelve hours I do not hesitate to use the intra-uterine douche, then the curette followed by the douche again, then given tonic doses of iron, quinine and stimulants, with necessary anodynes, not forgetting that every absorbing surface of the uterus or vagina must be closed by the application of pure carbolic acid.—Dannaker, *K. C. Med. Record.*

MABEL GODDARD has been studying the question of matrimony, and she has found that in no class of women workers are marriages as frequent as among trained nurses. Type-writers come next; while the school-ma'am brings up the rear of the procession.

Medical News and Miscellany.

ST. LOUIS men contract syphilis from sick horses.

THE California Fig Syrup Co. have enjoined several imitators of their valuable preparation.

BANANA FLOUR is one of the latest novelties in food products. It is wholesome and palatable.

BOOK NEWS, always interesting, quite excels itself in the March number. Call at Wanamaker's and get it.

THE editorial fraternity of St. Louis appears to be in some respects like the French government—change is the normal condition.

DR. S. W. INGRAHAM, of Chicago, died last Saturday, of pneumonia and overwork. He was formerly Professor of Throat and Lung Diseases in Bennett Medical College.

DR. WM. E. WIRT, late of the Hospital for Ruptured and Crippled, of New York City, has been elected to the chair of Orthopædic Surgery in the medical department of Wooster University.

A NEW hotel has been opened at Winslow Junction, in the Jersey pines. This pine region is attracting a good deal of attention recently, as a resort for phthisical patients, who do not care to go too far from their homes.

GOVERNOR WINANS, of Michigan, had his entire attention absorbed by a persistent hiccoughing spell several days last week, but was finally relieved by nitrite of amyl. Some years ago the Governor had a similar attack that lasted three weeks.

DR. BRANSFORD LEWIS announces in the current issue of the *Weekly Medical Review* that he vacates the directorship of that journal in favor of Dr. G. W. Broom; who, we doubt not, will make a clean sweep, as the proverbial new broom is said to do.

THE red coloration of carbolic acid has been the subject of a very elaborate investigation by E. Fabini, the results of which are that the coloration is due to the action of hydrogen peroxide upon metal containing carbolic acid in presence of ammonia; H_2O_2, metal and NH_3 *must be present* to produce the color.

THE Mississippi Valley Medical Association will hold its Seventeenth Annual Session at St. Louis, Wednesday, Thursday, and Friday, October 14, 15, and 16, 1891. A large attendance, a valuable programme, and a good time are expected. The members of the medical profession are respectfully invited to attend.

BERTIN AND PICK, of Nantes, have improved on the canine-blood treatment of tuberculosis, by employing injections of dog serum. The cases treated "all show signs of unlooked-for and rapid improvement." The blood must be gathered in sterilized jars, of which the opening is closed by cotton. On the following day the serum can be drawn off in tubes holding about three cubic centimeters, with pointed ends that can be closed by being heated. After that there is nothing to be done but to inject the contents beneath the skin every two or three days, one or two cubic centimeters at a time, after taking the precautions that are customary for hypodermic injections.

DU CASTEL claims that in small-pox opium with ether has a favorable influence on the disease, and attenuates or checks the eruption. In hemorrhagic cases it is necessary to add alcohol and perchloride of iron. He recommends 1½ to 2¼ grains of opium and 2 to 3 drachms of ether every twenty-four hours. Cinchona or iron is usually indicated in addition.

THE New Jersey Legislature has finally passed the bill repealing the charter of the Medical and Surgical College of New Jersey, and Gov. Abbett has affixed his signature. That this good result has been obtained is due largely to the efforts of the State Board of Medical Examiners, which has signalized the first year of its existence by ridding the State and the medical profession of this fraudulent diploma-mill.

Here is a startling item: "To remove *blackness* from the teeth. Take *muriatic* acid, 1 oz.; water, 1 oz.; honey, 2 oz.; mix, apply with a tooth brush, and rub vigorously." This recipe was found in glancing through the pages of *The Housekeeper's Companion*, a Chicago production. It certainly would accomplish the desired object, but at what a price! Muriatic acid! Why not aqua regia?—*Dental Cosmos.*

A LAMENTABLE tragedy occurred in Wheeling last Saturday, when Dr. George Baird was shot and killed by Dr. George I. Garrison. Dr. Baird graduated at the University of Pennsylvania in 1852; Dr. Garrison at Jefferson in 1886. Both were prominent men in public and professional work. The quarrel is said to have originated in politics, Dr. Garrison having beaten Dr. Baird's son in the contest for Health Officer of Wheeling.

A ROCHESTER physician has sent five hundred dollars in small sums to about fifty citizens of Springfield, O., to pay for property he took and destroyed in his boyhood days, such as melons, chickens, etc. Of course, the recipients will go and do likewise.—*Ex.*

Now, that is just what we would like to do; and if all the people who have swindled us out of doctor bills for the last twenty years were to pay up, we'd send McCrum a check for his old gobbler.

SHAD.—A nice way to prepare them for supper is to spice them. Scale, clean and wash the shad with salted water, wipe dry and cut in twelve pieces, stick with whole cloves, lay with skin side up, sprinkle with salt and pepper, a few whole allspice and blades of mace, cover with vinegar, and bake all night in a closely covered earthen pan to destroy the bones. The heat of the oven will be sufficient if the fire is fixed as usual for the night. The shad is to be eaten cold.—*Table Talk.*

THE COMING MEETING AT WASHINGTON.—The meeting of the American Medical Association, which is to be held in Washington, in May of this year, will be one of the most important in the history of this organization for a number of years. The principal question which will come up for decision will be that of the removal of the Journal of the Association from Chicago to Washington. It will be a bitterly-fought battle, and we hope that right will prevail. The Journal, as long as it remains in Chicago, will never be the representative of the medical profession of the United States. We hope it will go to Washington, which is its natural home, and that the members will begin to prepare their papers for the coming meeting. Let us hope that in harmony, as well as from a scientific point of view, it will be the banner meeting of the Society of the century.

—*N. E. Med. Monthly.*

In the December number of the *American Veterinary Review*, Mr. P. Peters reports a case in which he removed a urethral calculus from a gelding by incision at a point about four inches below the anus. In the after-treatment the attendant was directed to steep the horse's tail two or three times a day in a solution of bichloride of mercury, so that "the horse attended to the frequent dressing of the wound, purifying the air and surrounding objects himself."

"We all know now," says Prof. Verneuil, in a recent clinical lecture delivered at the Hôtel Dieu, of Paris, "how prompt was the collapse of this famous discovery, and how much remains to-day of the hopes that had been so lightly placed on a laboratory product, ill-defined, untried, badly administered, and which, in spite of the guarantee of the government of the German Empire, has produced, since it was foolishly transferred from the guinea-pig cage to clinical medicine, nothing but deceptions and disaster."

The following circular has been received:

To Our Patrons.—It is with regret that we are compelled to announce the fact that the plant of our Company was practically destroyed by fire on the evening of Wednesday, February 25.

Though a blow with considerable force between the eyes, yet we propose to continue business at the old stand, and be out with our publication nearly on time for April. Very truly yours,

Danbury Medical Publishing Co.

An effort is being made to revive the project of establishing a crematory in Chicago. The promoters of the scheme are E. S. Dreyer, ex-Health Commissioner, O. C. DeWolf, Dr. Lewis Ottofy, and others, with W. F. Wiemers as their attorney. Those interested think that the matter will be successfully carried through within the next six weeks. The books of the corporation show a long list of prominent subscribers for sums ranging from $50 to $1,000. It will take about $30,000 to erect a crematory such as is desired, and it is believed that the investment would pay from 9 to 12 per cent.—*Daily News.*

Weekly Report of Interments in Philadelphia, from February 28 to March 7, 1891:

Causes of Death.	Adults.	Minors.	Causes of Death.	Adults.	Minors.
Abscess	1	1	Hemorrhage	3	1
Alcoholism	4		Homicide	1	
Aneurism of the Aorta	1		Influenza	1	2
Asthma	1		Inflammation brain	1	12
Asphyxia		2	" bronchi	6	9
Apoplexy	8		" bladder	1	
Bright's disease	12		" kidneys	3	
Burns and scalds		2	" larynx		1
Cancer	16		" knee joint	1	
Casualties	4	2	" lungs	16	18
Cerebro-spinal meningitis		1	" pericardium	2	
Congestion of the brain		4	" peritoneum	5	
" " lungs		1	" s. & bowels	5	6
Caries of the spine		1	" uterus	1	
Carbuncle	1		Insanity	1	
Cirrhosis of the liver	1		Inanition	1	10
Consumption of the lungs	48	4	Jaundice	1	1
Collapse of the lungs		2	Malformation		1
Convulsions		14	Marasmus		9
" puerperal	1		Measles		1
Croup		12	Neuralgia of the heart	1	
Cyanosis		3	Old age	8	
Debility	5	3	Obstruction of the bowels	1	
Diarrhœa	2	1	Paralysis	7	
Diphtheria	1	9	Poisoning		1
Disease of the heart	24	3	Pyemia	1	
Dropsy	3		Rheumatism		2
Effusion of brain		1	Softening of the brain		
Erysipelas		2	Suicide	1	
Enlargement of the heart	5		Tumor	2	1
" " liver	2		Uræmia	3	
Fatty degeneration of the heart	4		Whooping cough	2	2
Fever, scarlet		6	Total	227	151
" typhoid	7	2			

Martyrology of Koch's Lymph.—The following figures taken from the statistics of different countries, enable us to form a definite estimate of Koch's method, and need no additional commentary:

Germany, twenty eight deaths, of which several were cases of patients suffering from lupus.

Spain, at Madrid a young man of nineteen, suffering from lupus, died at the general hospital forty-eight hours after inoculation.

Belgium, on December 10 a patient suffering from lupus died in the ward of M. Thiriar.

Italy, on January 3, 1891, a young man of eighteen, Rafael Guetta, died in the ward of Professor Rienzi after the third injection of two milligrammes of Koch's lymph.

Austria, eight deaths are reported, of which one in Innsbrück, in the ward of Dr. Tarisch, is a case of lupus.

America, three deaths in New York hospitals.

Added to this comes the opinion of Professor Virchow in a paper read before the Medical Society of Berlin, in which he related the results of twenty-one post-mortems that he had performed of persons who had undergone Koch's treatment.

Virchow declared that the injections increased the number of bacilli and made them emigrate into parts of the body that had not been affected before that, creating in this way a new disease. The Professor adds that the lymph invariably produces intense hyperæmia, which endangers the patient's life.

En résumé, up to the present time Koch's treatment has not given a single case of recovery, not only of pulmonary tuberculosis, or even of lupus; on the other hand, it has killed a relatively large number of persons who might have lived a long time.

—*N. Y. Herald.*

Notice.—An announcement was recently made that an Army Medical Board would be in session in New York City during April next for the examination of candidates for appointment in the Medical Corps of the United States Army, to fill existing vacancies. At the time of that announcement there were only five vacancies to be filled. Recent Congressional legislation has, however, permitted the retirement of certain officers, so that there are now fourteen vacancies in the grade of assistant surgeon, with the probability that the number will be increased to seventeen by the time the examining board begins its labors.

As already stated, persons desiring to present themselves for examination by the board will make application to the Secretary of War, before April 1, 1891, for the necessary invitation, stating the date and place of birth, the place and State of permanent residence, the fact of American citizenship, the name of the medical college from which they graduated, and a record of service in hospital, if any, from the authorities thereof. The application should be accompanied by certificates based on personal knowledge, from at least two physicians of repute, as to professional standing, character, and moral habits. The candidate must be between twenty-one and twenty-eight years of age, and a graduate from a regular medical college, as evidence of which his diploma must be submitted to the board.

Further information regarding the examinations may be obtained by addressing the Surgeon General U. S. Army, Washington, D. C.

C. Sutherland,
Surgeon General, U. S. Army.

Washington, D. C., March 4, 1891.

JEFFERSON COLLEGE'S NEW SURGEON.—At a meeting of the Faculty of Jefferson Medical College on Monday evening, H. Augustus Wilson, M. D., was elected Lecturer on Orthopædics in the Jefferson Medical College and Surgeon-in-Charge of the Orthopædic Department of Jefferson Medical College Hospital, vice O. H. Allis, M.D., resigned. Dr. Wilson is Professor of General and Orthopædic Surgery in the Philadelphia Polyclinic and College for Graduates in Medicine; Surgeon and Medical Director to the Polyclinic Hospital; Lecturer on Orthopædic Surgery in the Woman's Medical College, and was formerly Pathologist to the Presbyterian Hospital, and one of the surgeons at St. Mary's Hospital. He is a fellow of the College of Physicians, and of the Philadelphia Academy of Surgery; member of the Philadelphia County Medical Society, and the Medical Society of the State of Pennsylvania.

MEETING OF THE NATIONAL ASSOCIATION OF RAILWAY SURGEONS.—At the Kansas City meeting of the National Association of Railway Surgeons last year, it was decided to hold the next meeting at Buffalo, May 7, 8 and 9 of this year. But, on account of the meeting of the American Medical Association being set for the same time, it has been decided to change those dates, and to hold our next meeting at Buffalo, April 30, and May 1 and 2, to which all railway surgeons are cordially invited. To all railway surgeons sending their names and addresses to the Corresponding Secretary, a copy of the constitution and programme will be sent. All those wishing to read papers should send in the titles of their papers without delay. For further information inquire of

A. G. GUMAER, M.D.,
Corresponding Secretary, Buffalo, N. Y.

TO CONTRIBUTORS AND CORRSEPONDENTS.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Army, Navy and Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from March 3, to March 9, 1891.

By direction of the Secretary of War, Captain Louis M. Mans, Assistant-Surgeon, is relieved from further duty at Fort Stanton, New Mexico, and will report in person to the commanding officer, Whipple Barracks, Arizona, for duty at that station, relieving Captain Richard W. Johnson, Assistant-Surgeon. Captain Johnson, on being relieved by Captain Mans, Assistant-Surgeon, will report in person to the commanding officer, San Carlos, Arizona Territory, for duty at that station. Par. 7, S. O. 35, A. G. O., Washington, D.C., February 12, 1891.

Leave of absence for one month, to take effect on or about February 10, instant, is granted Assistant-Surgeon R. W. Johnson, U. S. Army. Par. 1, S. O. 16, Dept. Arizona, Los Angeles, Cal., February 4, 1891.

Leave of absence for one month, to take effect on or about February 15, 1891, is granted Major William D. Walventon, Surgeon, U. S. Army. Par. 2, S. O. 15, Dept. Platte, Omaha, Nebraska, February 7, 1891.

War Department, Washington, D.C., February 27, 1891. The following named officers having been found by army retiring boards incapacitated for active service on account of disability incident to the service, are, by direction of the President, retired from active service this date, under the provisions of Section 1,251, Revised Statutes: Major William S. Tremaine, Surgeon; Major Leonard L. Loring, Surgeon. Par. 19, S. O. 45, A. G. O., Washington, D.C., February 27, 1891.

Lieutenant-Colonel Blencome E. Fryer, Assistant-Medical Purveyor, having been found incapacitated by army retiring board on account of disability incident to the service, is, by direction of the President, retired from active service this date, under the provisions of Section 1,251, Revised Statutes. Par. 15, S. O. 42, A. G. O., February 24, 1891.

By direction of the Secretary of War, the leave of absence granted Captain Alonzo R. Chapin, Assistant-Surgeon, in S. O. No. 17, January 31, 1891, Department of Dakota, is extended one month. S. O. 41, A. G. O., February 20, 1891.

War Department, Washington, D.C., February, 27, 1891. Captain Frederick W. Elbrey, Assistant-Surgeon, having been examined by a board of officers, and found physically disqualified for the duties of a surgeon, with the rank of Major, by reason of disability incident to the service, is, by direction of the President, retired from active service with the rank of Major, under the provisions of the Act of Congress, approved October 1, 1890, to date from February 24, 1891, the date from which he would have been promoted to the grade, by reason of seniority, if found qualified. Par. 6 S. O. 45, A. G. O., February 27, 1891.

By direction of the Secretary of War, leave of absence for two months, on surgeon's certificate of disability, is granted Major Samuel Horton, Surgeon. Par. 7, S. O. 49, A. G. O., Washington, D.C., February 4, 1891.

By direction of the Secretary of War, Major Henry Lippincott, Surgeon, is relieved from duty at Fort Union, New Mexico, to take effect upon the final abandonment of that post, and will then proceed to Fort Adams, Rhode Island, and report in person to the commanding officer of that post for duty as Post Surgeon, reporting by letter to the commanding general, Division of the Atlantic. Par. 9, S. O. 46, A. G. O., Washington, D.C., February 28, 1891.

By direction of the Secretary of War, the extension of leave of absence, granted Captain William B. Davis, Assistant-Surgeon, in Special Orders, No. 22, February 5, 1891, Division of the Atlantic, is further extended one month. Par. 7, S. O. 46, A. G. O., Washington, D.C., February 28, 1891.

Changes in the Medical Corps of the U. S. Navy for the week ending March 7, 1891.

RUTH, M. L., Surgeon. Granted one month sick leave.

EVANS, S. G., Assistant-Surgeon. Detached from the Naval Academy and ordered to the U. S. S. "Monongahela."

PRICE, A. F., Surgeon. Ordered to the U. S. S. "Monongahela."

HARRIS, H. N. T., Assistant-Surgeon. Ordered for examination preliminary to promotion.

PICKERELL, GEORGE McC., Assistant-Surgeon. Ordered for examination preliminary to promotion.

AUZEL, ERNEST N., Passed Assistant-Surgeon. Ordered to the U. S. S. "Lancaster."

NORTH, JR., JAS. H., Assistant-Surgeon. Ordered to the U. S. S. "Lancaster."

GAINES, JAMES H., Surgeon. Ordered before the Retiring Board, March 12, 1891.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service for the three weeks ending February 28, 1891.

PETTUS, W. J., Passed Assistant-Surgeon. Relieved from special duty as Inspector of Immigrants at port of Boston, Mass. Ordered to Marine Hospital, Boston, Mass. February 20, 1891.

PERRY, T. B., Assistant-Surgeon. Granted leave of absence for thirty days. February 20, 1891.

GOODWIN, H. T., Assistant-Surgeon. Relieved from duty at Cincinnati, Ohio. Ordered to Marine Hospital, New York City, N. Y. February 9, 1891.

COFER, L. E., Assistant-Surgeon. Detailed for special duty as Inspector of Immigrants, port of Boston, Mass. February 10, 1891.

EAGER, JOHN M., Assistant-Surgeon. Assigned to temporary duty at Cincinnati, Ohio. February 20, 1891.

APPOINTMENT.

EAGER, JOHN M., of Pennsylvania, commissioned as Assistant-Surgeon by the President, February 16, 1891.

Notes and Items.

THE MODERN MARTYR.

THE hour of nine has long been past,
When down to breakfast crawls at last
A man, whose skin of yellow glow
Tells biliousness has lain him low.
But as the waitress says to him,
"Your order, sir?" his eyes so dim
Emit a momentary gleam,
And dousing wheaten grits with cream,
He cries with fearless border scream:
"Sausage, buckwheats and maple."

His doctor says he ought to quit:
His flannels put him in a fit,
Because he bears, in spots and rings,
The rash that such rash diet brings.
But still to his ancestors true,
He does the same they used to do;
And though he's headache, nausea, chills,
And half a dozen other ills,
He still will dose himself with pills,
And eat "sausage, buckwheats, maple."
—*Pharmaceutical Era.*

SULFONAL-BAYER.

A CORRECT METHOD OF ADMINISTRATION, ESSENTIAL TO OBTAINING ITS HYPNOTIC EFFECT.

Inquiries have been made of us from time to time as to the best method of administering Sulfonal-Bayer. These inquiries indicate that various methods of administration have been employed, and this without doubt accounts for those cases where the results obtained were not wholly satisfactory. We call special attention to the following:

"Clinically observed, we recognise in Sulfonal a mild calmative, a slowly but progressively active hypnotic. *It has no other action, and its operation is attended by no compications, near or remote. It is therefore a pure hypnotic."*

"The essential conditions of success in the exhibition of Sulfonal depend on first, the time *when the remedy should be administered; second, the* method *of administration; third, the* dose."

"It is a fact, perhaps wholly unprecedented in what we observe of other neurotic materials, that Sulfonal demands from two hours to one hour for its physiological incubation; often quite two hours elapse between ingestion and the first accession of sensible medicinal energy. With the untried subject it is wise to stipulate for two hour."
—[Extracts from articles by PROF. H. M. FIELD, *New England Medical Monthly; Therapeutic Gazette.*]

According to the experience of Prof. A. Kast, of Frieburg University, Sulfonal-Bayer should be administered in a plate of soup, a cup of hot *tea, milk or broth, at least two hours before retiring, or with the last meal early in the evening, between 7 and 8 P.M., at which time the stomach contains considerable amount of muriatic acid, mineral salts and peptones, and the most favorable conditions for the rapid absorption are satisfied.*

Sulfonal has just been incorporated into the Addendum to the British Pharmacopœia.

Sulfonal-Bayer, prepared by the Farbenfabriken, formerly Friedr. Bayer & Co.. Elberfeld, is supplied by us in ounces, and in the form of tablets of 5, 10 and 15 grains, put up in bottles of 10 and 100 tablets each.

We also offer Sulfonal-Bayer in the form of our soluble pills, containing 5 grains each.

ARISTOL.

In order to secure the desired effects of Aristol, it is important that the physician be certain *that the article used bears the guarantee furnished by the continuous scientific control and the name of the manufacturer, the "Farbenfabriken, vormals Friedr. Bayer & Co., in Elberfeld." This firm are the* only *manufacturers of this article, and the word "Aristol" is their registered property.*

The preparation of Aristol, theoretically simple, involves the greatest care and experience.

Aristol, a combination of iodine and thymol, manufactured by the Farbenfabriken, formerly Friedr. Bayer & Co., Elberfeld, Germany, is a valuable, inodorous, and non-toxic antiseptic remedy, superior to iodoform, iodole and sozo-iodole.

The general specific action of Aristol is similar to that of iodoform, iodole, and the sozo-iodole compounds, but in addition it has the valuable property of forming an absolutely unirritant covering over the surfaces on which it is placed, under which the processes of granulation and cicatrization proceed with extraordinary rapidity.

Aristol is indicated in Mycosis, Lupus, Psoriasis, Syphilitic diseases generally, etc., etc.

Descriptive pamphlet mailed on application.

PHENACETINE-BAYER

Antineuralgic-Antipyretic.

Much valuable testimony regarding Phenacetine, furnished by the medical profession of other countries as well as our own, has, from time to time, been collated by us, and the same has been put before American practitioners.

The scope of Phenacetine having widened, we have brought together in pamphlet form, classified in respect to diseases indicated, the results of the latest experience as reported chiefly by American physicians.

This pamphlet mailed to applicants.

W. H. Schieffelin & Co.,
170 & 172 William Street,
NEW YORK.

"Familiar in millions of mouths as any household word."—*The Times.*

Apollinaris

"THE QUEEN OF TABLE WATERS."

"In 1873 the number of bottles filled and exported was a little under 2,000,000. Last year the number was nearly 16,000,000.

"Filling went on at the rate of 90,000 a day.

"These figures are gigantic."

THE TIMES, LONDON, 20th Sept., 1890.

The Best Natural Aperient.

THE APOLLINARIS OMPANY, Limited, London, beg to announce that, as numerous Aperient Waters are offered to the public under names of which the word "Hunyadi" forms part, they have now adopted an additional Label comprising their registering Trade Mark of selection, which consists of

A Red Diamond.

This Label will henceforth also serve to distinguish the Hungarian Aperient Water sold by the Company from all other Aperient Waters.

DEMAND THE  **DIAMOND MARK.**

And insist upon receiving the *Hungarian Aperient Water* of the APOLLINARIS COMPANY, Limited, London.